

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000091270

1. Corporation Name

P & BL GYMS ALT., INC.

Principal Place of Business

Mailing Address

5920 BUG LAKE RD.
WINTER SPRINGS FL 32708

5920 BUG LAKE RD.
WINTER SPRINGS FL 32708

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	LEWIS, PLEASANT A	2732 LAKE HOWELL LN.	WINTER PARK FL 32792
D	LEWIS, BRENDA J	2732 LAKE HOWELL LN.	WINTER PARK FL 32792

100003457621--4
-11/08/00--01076--024
***750.00 ***750.00

8. Name and Address of Current Registered Agent

LEWIS, BRENDA J
5920 BUG LAKE RD.
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name Scott J. Corless
Street Address (P.O. Box Number is Not Acceptable)
5920 Red Bug Road
Suite, Apt. #, Etc.
City Winter Springs State FL Zip Code 32708

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/16/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

(407) 686-0600

KE

REINSTATEMENT

[Handwritten mark]

FILED

00 OCT 20 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

