

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000105327**

1. Corporation Name

SJV FITNESS, INC.

Principal Place of Business

Mailing Address

**3030 E. SEMORAN BLVD.,
SUITE 224
APOPKA FL 32703**

**3030 E. SEMORAN BLVD.,
SUITE 224
APOPKA FL 32703**

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

REINSTATEMENT *02*

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1999

5. FEI Number

59-3612802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VOLLET, G NEWTON	2301 W LAKE BRANTLEY	LONGWOOD FL 32779
D	JENNINGS, JOHN J	65 N ORANGE AVE	ORLANDO FL 32801
D	SOLEY, FRANK M	1052 W 436, #2072	ALTAMONTE SPRINGS FL 32714
D	EWING, KEITH	1695 GRANDVIEW BLVD	KISSIMMEE FL 32744
VP	Rich Demko	603 Marni Dr.	Winter Springs, FL 32708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JONES, BRIAN M
20 N. ORANGE AVE., STE. 1000
ORLANDO FL 32801-4626**

Name

Street Address (P.O. Box Number is Not Acceptable)

8000079316108

Suite, Apt. #, Etc.

12/08/02--01044--007 **750.00

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/25/02**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-22-02

Daytime Phone #

407-869-

8800

CR2E040 (8/02)