PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR 19 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110739

1. Corporation Name

CLUB FIT, INCORPORATED

REINSTATEMENT

2. Principal Office Address		3. Mailing Office Address	
10004 PINES BLVD		PO BOX 2409	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
PEMBROKE PINES		MOUNT VERNON	
City & State		City & State	
FLORIDA		WASHINGTON	
Zip	Country	Zip	Country
33024	USA	98273	USA

4. Date Incorporated or Qualified To Do Business in Florida 12/22/1999

5. FEI Number 59-3616093 [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name: ANTONIO CAPATO

Street Address (P.O. Box Number is Not Acceptable): 10004 PINES BLVD

Suite, Apt. #, Etc.:

City: PEMBROKE PINES State: FL Zip Code: 33024

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X Antonio Capato Date X

REGISTERED AGENT MUST SIGN

CR2E051 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	R. NICHOLAS CAPATO	3151 N Course Ln Bldg 43 #101	POMPANO BEACH, FL 33069-5424
P	PHIL LEONARD	1900 SW 137TH WAY	MIRAMAR, FL 33027
V/S/T	ANTONIO CAPATO	10004 PINES BLVD	PEMBROKE PINES, FL 33024

10. 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: X Antonio Capato X 4/12/01 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1