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

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

REINSTATEMENT 0001 SP

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] — $8.75 Certified Copy (optional) — $5.00 Certificate of Status

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

600004191126--8
-05/09/01--01094--016
****908.75 ****908.75

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

CR2E031 (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