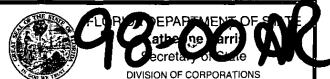
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 15 107

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CORPO	RATION
REMOTE	I VIZIVIZIVI



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	TO WE THE	, –	ORPORATIONS		UU JUL 28 AM II 32"		
DOCUMENT # S45441 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
 	PROCESSIONAL FILE				and mark the the		
<u></u>	al Office Address	S Sam Addison Addison			•		
•	N. Bayshore Dr	3. Mailing Office Address	bayshore DR		GAD)		
Suite, Apt. #	f, etc. 035	Suite, Apt. #, etc.			porated or Qualified Applil 3, 1991		
	emi, Fl	City & State Miami	,FI	5. FEI Numbe			
Zip 3=	S130 Country	2ip 33132	Country	6.	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
		7. Name and A	ddress of Current Register	red Agent			
	Name ADITA YRIZARRY 400003354344						
	Street Address (P.O. Box Number is Not Acceptable) 1717 N. Boyshore Deim Sorte 1635 ****450.00 *****450.00						
	Suite, Apt. #, Etc. 1635 -		· 				
	City		State Zip Code S3132				
8. I, being	appointed the registered agent of the abo	ove named corporation, am f	amiliar with and accept the o	bligations of section	on 607.0505 or 617.0503, F.S.		
Signature o Registered	Agent Clinkei	Upizan-	dien		Date July 20, 2000		
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonpo	corporations must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Die.	ADITAL. YRIZAR		1717 N. Bayshore DR Suite 1635		Miami, F1 33130		
		-					

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 filling 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:

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ADITA YRIZARRY PED OR DRINGED NAME OF SIGNING OFFICER OR DIRECTOR

ioni 30, 3000





PROFESSIONAL FITNESS, INC.

June 20, 2000

Division of Corporations – Reinstatement Office P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

Upon working with my accountant recently, she advised me to check on the status of my corporation. I had informed her that I wasn't sure what was going on because I had not been billed my corporate filling fees for about two years. I had called the Division of Corporation offices several times and was advised that I would be receiving a notice — I received nothing. My address has never changed since I first registered as a corporation.

For this reason, I feel that the reinstatement fee should be waived. I never received the last several filling fee notices, let alone a notice stating that my corporation would be listed as inactive. In my last conversation with one of your representatives in your offices, I was told to enclose this letter and \$450.00 to get my corporation reinstated.

Please feel free to notify me if you need any additional information. I appreciate the expediency of reinstating my corporation.

Thank You,

Adita Yrizarry, President

Professional Fitness, Inc.