PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION REINSTATEMENT~~

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

98-00 AR

FILED AND FILED
00 JUL 28 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S45441

1. Corporation Name
Professional Fitness, Inc.

2. Principal Office Address	3. Mailing Office Address
1717 N. Bayshore Dr	1717 N. Bayshore Dr
Suite, Apt. #, etc.: 1635	Suite, Apt. #, etc.: 1635
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33132 Country: USA	Zip: 33132 Country: USA

98-00

4. Date Incorporated or Qualified To Do Business in Florida: April 3, 1991

5. FEI Number: 65-0325283 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Adita Yrizarry

400003354344--4
-08/11/00--01098--005
****450.00 ****450.00

Street Address (P.O. Box Number is Not Acceptable): 1717 N. Bayshore Drive ~~Suite 1635~~

Suite, Apt. #, Etc.: 1635

City: Miami State: FL Zip Code: 33132

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: Adita Yrizarry
REGISTERED AGENT MUST SIGN

Date: June 20, 2000

CR2E081 (9/99)

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
Dir.	Adital. Yrizarry	1717 N. Bayshore Dr Suite 1635	Miami, Fl 33132

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: Adita Yrizarry ADITA YRIZARRY June 20, 2000 (305) 375-8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg. 2 of 2

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

Adita Yrizarry, President
Professional Fitness, Inc.

Professional Fitness Inc. 1717 North Bayshore Drive Suite 1635 Miami, Fl 33132 U.S.A. Tel / Fax: (305) 375-8121 Email: gym2u@aol.com