

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V07924

1. Corporation Name

World of Health + Fitness Inc

**REINSTATEMENT** 03

800025328538  
12/08/03--01068--030 \*\*150.00

2. Principal Office Address

1740 SE 44th St

Suite, Apt. #, etc.

3. Mailing Office Address

1740 SE 44th St

Suite, Apt. #, etc.

City & State

Cape Coral Fl

Zip

33904

Country

Lee

City & State

Cape Coral Fl

Zip

33904

Country

Lee

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/92

5. FEI Number

59-3104463

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

Deborah Skrzyniarz

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

1740 SE 44th St

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

Deborah Skrzyniarz  
REGISTERED AGENT MUST SIGN

Date

12/03/03

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
Pres	Paul Skrzyniarz	1740 SE 44th St	Cape Coral Fl 33904
VP	Deborah Skrzyniarz	1740 SE 44th St	Cape Coral Fl 33904
T	Deborah Skrzyniarz	1740 SE 44th St	Cape Coral Fl 33904
S	Deborah Skrzyniarz	1740 SE 44th St	Cape Coral Fl 33904

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)(l), 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:

Deborah Skrzyniarz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/03

Date

239-542-7642

Daytime Phone #

CR2E081 (10/02)

FILED

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

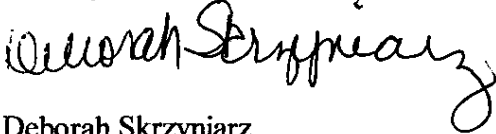
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To whom it may concern:

It has come to our attention that we did not receive our annual renewal form. The corporation mailing address has changed to the street address of 1740 SE 44<sup>th</sup> St Cape Coral, Fl 33904. The corporation is not using the PO Box previously listed for the mailing address. The correct information is now listed on the renewal form.

Thank you,

A handwritten signature in cursive script, appearing to read "Deborah Skrzyniarz", written over a horizontal line.

Deborah Skrzyniarz