

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 SEP 14 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V21863

1. Corporation Name

SHAPE UP UNLIMITED, INC.

Principal Place of Business

Mailing Address

1200 WEST AVE.  
M.B. FL 33139

1200 WEST AVE.  
M.B. FL 33139

REINSTATEMENT 96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

3/18/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650319598

Applied For Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip  |
|------------|-------------------------------------|---|---|
| PRESIDENT  | ERIC McDUFFIE                       | 110 SHAPE UP<br>1200 WEST AVE M.B. FL 33139   | MIAMI BCH FL 33139  |
|            |                                     |   | 000002643790--5<br>-09/18/98--01086--009<br>***1050.00 ***1050.00 |
|            |                                     |   | 000002643790--5<br>-09/18/98--01086--009<br>*****8.75 *****8.75   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRAD ALEXANDER, ESQ.  
155 S. MIAMI AVE PH 1  
MIAMI, FL 33130

Name BRAD ALEXANDER, ESQ.

Street Address (P.O. Box Number is Not Acceptable) 155 S. MIAMI AVE. PH 1

Suite, Apt. #, Etc. PH 1

City MIAMI

State FL Zip Code 33130

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Brad Alexander*

REGISTERED AGENT MUST SIGN

Date 9/11/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eric McDuffie*

9/11/98

Date

305 538 0660

Daytime Phone #

CR2EDC 1-98