


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**FILED**

12 FEB -7 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F09000004036

1. Corporation Name  
**KALISTHENICS, INC.**

2. Principal Office Address - No P.O. Box #  
**7846 COMMONWEALTH AVE**

3. Mailing Office Address  
**7846 COMMONWEALTH AVE**

Suite, Apt. #, etc.

City & State  
**BUENA PARK, CA**

Zip Country  
**90621 US**

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
**10/12/2009**

5. FEI Number  
**204673723**

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  
**Vcorp Services, LLC**

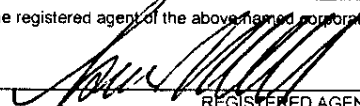
Street Address (P.O. Box Number is Not Acceptable)  
**5011 South State Road 7**

Suite, Apt. #, Etc.  
**Suite 106**

City State Zip Code  
**Davie FL 33314**

**700220617697**  
**02/07/12--01003--006 \*\*750.00**

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  Date **12/21/2011**

REGISTERED AGENT MUST SIGN

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
President	Chaim M. Rechnitz	7846 COMMONWEALTH AVE	BUENA PARK, CA 90621
Secretary	Chaim M. Rechnitz	7846 COMMONWEALTH AVE	BUENA PARK, CA 90621
Treasurer	Chaim M. Rechnitz	7846 COMMONWEALTH AVE	BUENA PARK, CA 90621
Director	Chaim M. Rechnitz	7846 COMMONWEALTH AVE	BUENA PARK, CA 90621

**REINSTATEMENT** FEB 07 2012  
**12** R. HUNT

10. E-mail Address: **gkarnes@kalisthenics.com**  
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s-817.155, F.S.

SIGNATURE:  DATE: **1/12/2012** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR