

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

02 JUL 31 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1,00007113161--8
-08/14/02--01067--005
****200.00 ****200.00

REINSTATEMENT 2000-2002

09/14/00 90015 033 \$550.00

4. Date Incorporated or Qualified
To Do Business in Florida 4/2/99

5. FEI Number 650925231
Applied For Not Applicable

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

CORPORATION REINSTATEMENT

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

DOCUMENT # *999000031689*

1. Corporation Name
National Fitness Clubs of Florida II, inc
999 000031689

2. Principal Office Address
8540 DAYTON AVE
Suite, Apt. #, etc.

3. Mailing Office Address
8540 DAYTON AVE
Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip *33907* Country *USA* Zip *33907* Country *USA*

7. Name and Address of Current Registered Agent

Name
National Fitness Clubs of Florida II, inc

Street Address (P.O. Box Number is Not Acceptable)
8540 DAYTON AVE

Suite, Apt. #, Etc.

City
FORT MYERS

State
FL

Zip Code
33907

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****300.00 ****300.00

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 *[Signature]* Date *6/17/02*

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
<i>D</i>	<i>Pierre A. Narath</i>	<i>1538 Turnpike St.</i>	<i>N. Andover, MA 01845</i>

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: *[Signature]* *Pierre A. Narath* Date *6/17/02* Daytime Phone # *9786866468*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)