

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
THE NATIONAL INSTITUTE FOR FITNESS AND SPORT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	6665.00

\$490.00

277182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000004024

1. Corporation Name

The National Institute for Fitness and Sport, Inc.

2. Principal Office Address - No P.O. Box

250 N University Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

250 N University Blvd

Suite, Apt. #, etc.

City & State

Indianapolis, IN

City & State

Indianapolis, IN

Zip

46202

Country

USA

Zip

46202

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2002

5. FEI Number

311130407

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 AgentSue G. Knight
as its agent

Date 3-1-10

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
	see attached		

10. E-mail Address: rfoeckler@NIFS.ORG

(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., 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.

SIGNATURE:

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

2/26/10 (317) 274-3492

NIFS Board of Trustees
250 University Blvd
Indianapolis, IN 46202

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Robert Whitt, Executive Director

The address for all of the above is:
250 University Blvd, Indianapolis, IN 46202