PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 FEB -3 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004768

1. Corporation Name

DISCOVERY ZONE, INC.

Principal Place of Business	Mailing Address
6600 NW 16TH STREET STE. 4 PLANTATION FL 33313	C/O TAX DEPT. 6600 NW 16TH STREET, STE. 4 PLANTATION FL 33313

REINSTATEMENT 99-2001

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
515 SEABREEZE BLVD	515 SEA BREEZE BLVD
(Suite) Apt. #, etc. 206	(Suite) Apt. #, etc. 206
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33316 Country USA	Zip 33316 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/1993

5. FEI Number: 65-0408845 — Applied For ☐ Not Applicable ☐

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	~~BERNSTEIN, SCOTT~~ JEFFREY SASSON	~~585 TAXTER ROAD, 5TH FL~~ 15 North Mill Street	~~ELMSFORD NY 10523~~ NYACK, NY 10960
VT	~~ROONEY, ROBERT~~ LEIGHTON WEISS	~~585 TAXTER ROAD, 5TH FL~~ 515 SEABREEZE BLVD	~~ELMSFORD NY 10523~~ FORT LAUDERDALE, FL 33316
~~T~~	~~WEISS, LEIGHTON~~	~~6600 NW 16TH STREET~~	~~PLANTATION FL 33313~~
D	~~DAVIS, MARTIN S~~ DAVIS, MARTIN S	~~620 FIFTH AVENUE~~	~~NEW YORK NY 10020~~
D	DAVID J. KASS	620 FIFTH AVENUE	NEW YORK, NY 10020

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

100003129741--3
-02/09/00--01077--005
****927.75 ****927.75

CR2E040 (8/99)

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: Barbara T. Burke SIGNATURE REQUIRED Date: 2-1-00

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

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 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.

See Pg. 2 for signature

KE

SIGNATURE: Mark Whitfield for Leighton Weiss 02-01-2000 (954) 713-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARK WHITFIELD FOR LEIGHTON WEISS (faxed copy attached)

0051353 AF

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # F93000004768

Corporation Name

RECOVERY ZONE, INC.

Principal Place of Business	Mailing Address
6000 NW 16TH STREET STE 4 PLANTATION FL 33313	C/O TAX DEPT. 6000 NW 16TH STREET, STE. 4 PLANTATION FL 33313

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

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Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33316 Country USA	Zip 33316 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/1993

5. FEI Number: 65-0408845 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional fee required for a Certificate of Status

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	4 City / State / Zip
PD	~~BERNSTEIN, SCOTT~~ JEFFREY SASSON	~~505 TAXTER ROAD, 5TH FL~~ 15 North Mill Street	~~ELMSFORD NY 10523~~ NYACK, NY 10960
VT	~~ROONEY, ROBERT~~ LEIGHTON WEISS	~~505 TAXTER ROAD, 5TH FL~~ 515 SEABREEZE BLVD	~~ELMSFORD NY 10523~~ FORT LAUDERDALE, FL 33316
SE	~~WEISS, LEIGHTON~~	~~6000 NW 16TH STREET~~	~~PLANTATION FL 33313~~
D	~~DAVIS, MARTIN S~~ DAVIS, MARTIN S	~~620 FIFTH AVENUE~~	~~NEW YORK NY 10020~~
D	DAVID J. KASS	620 FIFTH AVENUE	NEW YORK, NY 10020

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C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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: Barbara A. Beer RA Date: 2-1-00

REGISTERED AGENT MUST SIGN

~~BARBARA A. BEER~~
SPECIAL ASSISTANT SECRETARY

11. I certify that I am an officer or director of the reciever 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: Leighton J. Weiss 2-1-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081363