

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F97000004805

FILED  
Nov 06, 2009  
Secretary of State

**Entity Name:** THE NATIONAL GYM ASSOCIATION, INC.

**Current Principal Place of Business:**

7850 NW 62 WAY  
PARKLAND, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 970579  
COCONUT CREEK, FL 330970579 US

**New Mailing Address:**

**FEI Number:** 11-2557340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOSTINTO, FRANCINE  
7850 NW 62 WAY  
PARKLAND, FL 33067 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANCINE G. BOSTINTO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: BOSTINTO, ANDREW  
Address: 7850 NW 62 WAY  
City-St-Zip: PARKLAND, FL 33067

Title: STD ( ) Delete  
Name: BOSTINTO, FRANCINE G  
Address: 7850 NW 62 WAY  
City-St-Zip: PARKLAND, FL 33067

Title: VD ( ) Delete  
Name: SPARACIO, MICHAEL  
Address: 33-17 145 ST  
City-St-Zip: FLUSHING, NY 11354

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCINE G. BOSTINTO

STD

11/06/2009

Electronic Signature of Signing Officer or Director

Date