

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -5 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

J41879

Bally's Fitness and Racquet Clubs, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

8700 W. Bryn Mawr Ave.

Suite, Apt. #, etc.

2nd Floor, Tax Dept.

City & State

Chicago, IL

Zip

60631

Country

US

3. New Mailing Office Address, If Applicable

8700 W. Bryn Mawr Ave.

Suite, Apt. #, etc.

2nd Floor, Tax Dept.

City & State

Chicago, IL

Zip

60631

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/86

5. FEI Number

36-3496461

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Lee S. Hillman	8700 W. Bryn Mawr Avenue	Chicago, IL 60631
V/D	Jerome B. Kahn	"	"
T/D	John W. Dwyer	"	"
S/D	Cary A. Gaan	"	"
D	Arthur M. Goldberg	"	"

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Charlotte Renee Cruz

Date

11-4-98

REGISTERED AGENT MUST SIGN Renee Cruz, Asst. Secretary

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:

Cary A. Gaan

Cary A. Gaan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/98

Date

773-380-3000

Daytime Phone #