L00000002094

APPROVED AND FILED 182

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L00000002094

1. Limited Liability Company's Name

Gym Source Florida LLC

REINSTATEMENT 2003-2004

2. Principal Office Address		3. Mailing Office Address	
2550 Okeechobee Blvd.		40 East 52nd Street	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
Suite HJ			
City & State		City & State	
West Palm Beach, Florida		New York, New York	
Zip	Country	Zip	Country
33409	USA	10022	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/24/00

6. FEI Number: 134060835 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☒ $6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN ~~REGIONAL ASSISTANT SECRETARY~~ Date:

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Richard Miller	40 East 52nd Street	New York, New York 10022
MGR	Abraham Miller, Manager	40 East 52nd Street	New York, New York 10022

JB 4/1/04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Abraham Miller Date: 3/29/04 Daytime Phone #: (212) 688-4222

Typed or printed name of signing Managing Member/Manager: Abraham Miller, Manager

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

GYM SOURCE FLORIDA LLC

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