

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2002 LLC  
APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2002 NOV 19 AM 9:50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011760  
Name and Mailing Address

0003895 01 FP 0.352 \*\*PRSR T2 0 0615 33409-660101  
FITNESS LIFESTYLES, LLC  
2101 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33409-6601



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 300 UNO LAGO DRIVE UNIT 201 JUNO BEACH FL 33408		5. Date Organized or Qualified To Do Business in Florida 07/16/2001	
3. New Principal Place of Business Address 2101 Palm Beach Lakes Blvd City, State, Zip West Palm Beach FL 33409		6. FEI Number 451121709 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SCHROEDER, E. SCOTT 3300 PGA BLVD. GARDENS PLAZA, SUITE 970 PALM BEACH GARDENS FL 33410		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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: <u>E. Scott Schroeder</u> REGISTERED AGENT MUST SIGN Date: <u>11-12-02</u>			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	McHALE, JAMES T	300 UNO LAGO DRIVE	JUNO BEACH FL 33408
MGRM	McHale, James T	2101 Palm Beach Lakes Blvd	West Palm Beach FL 33409
600009083966 11/19/02--01071--001 **50.00			

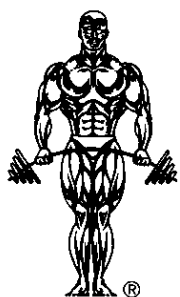
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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: James T. McHale III Date: 11/24/02 Daytime Phone: 561-471-8880

Typed or printed name of signing Managing Member/Manager: James T. McHale III

CR2E084 (8/02)

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# GOLD'S GYM®

November 14, 2002

FILED

2002 NOV 19 AM 9:50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Enclosed please find the application for reinstatement for Fitness Lifestyles, and a check for \$50.

We do aver that Fitness Lifestyles did not receive a renewal notice, and that is why the filing was not completed sooner. Let me know if this is acceptable.

Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read "James T. McHale". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

James T. McHale