

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000053819

1. Corporation Name

RIVIERA FITNESS CENTER OF FT. WALTON, INC.

Principal Place of Business

6235 N. DAVIS HWY S-108  
PENSACOLA FL 32504  
99 EGLIN PKWY STE 1-C  
FT WALTON BEACH FL 32548

Mailing Address

6235 N. DAVIS HWY S-108  
PENSACOLA FL 32504

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/2000

5. FEI Number

☒ 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
D	RICE, REYNOLD T	4725 SO. HOLLADAY BLVD STE 220	SALT6 LAKE CITY UT 84117
D	RICE, SCOTT L	4725 SO. HOLLADAY BLVD STE 220	SALT6 LAKE CITY UT 84117
D	DICKENS, MARK	6235 N. DAVIS HWY S-108	PENSACOLA FL 32504

REINSTATEMENT 01  
700004779347--9  
-01/17/02--01002--005  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

DICKENS, MARK  
6235 N. DAVIS HWY S-108  
PENSACOLA FL 32504

9. Name and Address of New Registered Agent

Name

Julie Ragas

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

99 Eglin Parkway # 1c

Suite, Apt. #, etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

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

Julie Ragas  
REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

Reynold T. Rice  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/01

Daytime Phone #

801-272-5277

CR2E040 (8/01)