

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # 730219

**1. Corporation Name**

Sports & Fitness Clubs of America, Inc.

**2. Principal Office Address**

5020 Franklin Drive

Suite, Apt. #, etc.

City & State

Pleasanton, California

Zip

94588

Country

USA

**3. Mailing Office Address**

5020 Franklin Drive

Suite, Apt. #, etc.

City & State

Pleasanton, California

Zip

94588

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/17/90

**5. FEI Number**

34-1637810

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Bobbie Hall

Bobbie Hall, Asst V.P.

Date 3/21/2001

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	see attached rider		

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**REINSTATEMENT** 200001

[Signature]

**10. 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:

[Signature]

Anthony J. Bakos II, Secretary

925 416 3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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**Sports & Fitness Clubs of America, Inc.**

**Directors**

Jack Murphy c/o 24 Hour Fitness, 5020 Franklin Drive, Pleasanton, CA 94588  
Mark Mastrov c/o 24 Hour Fitness, 5020 Franklin Drive, Pleasanton, CA 94588  
David King c/o 24 Hour Fitness, 5020 Franklin Drive, Pleasanton, CA 94588  
George McCown c/o 24 Hour Fitness, 5020 Franklin Drive, Pleasanton, CA 94588

**Officers**

<b>Name</b>	<b>Office(s)</b>
Brian Bouma	President
David Riggan	Chief Financial Officer;
Colin Heggie	Executive Vice President
Anthony J. Bakos II	Exec. Vice President and General Counsel; Secretary
John DeMatteo	Sr. Vice President and Assistant Secretary

The address for each officer listed above is 5020 Franklin Drive, Pleasanton, CA 94588



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ACCOUNT NO. : 072100000032

REFERENCE : 065369 5022606

AUTHORIZATION :

*Patricia Figue*

COST LIMIT : \$ 900.00

ORDER DATE : March 2, 2001

ORDER TIME : 11:21 AM

ORDER NO. : 065369-030

CUSTOMER NO: 5022606

CUSTOMER: Ms. Barbara Finkle  
24 Hour Fitness Inc  
5020 Franklin Drive

Pleasanton, CA 94588

CHANGE OF AGENT/REINSTATEMENT

NAME: SPORTS & FITNESS CLUBS OF  
AMERICA, INC.

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR 22 PM 12:17  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Norma Hull

*[Signature]*