

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 FEB -5 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40256

1. Corporation Name

Fitness Centers of America, Incorporated

Principal Place of Business

3500 W. 80th Street,
Suite 130
Bloomington, MN 55431

Mailing Address

3500 W. 80th Street
Suite 130
Bloomington, MN 55431

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/92

5. FEI Number

95-2923084

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	see attached		

8. Name and Address of Current Registered Agent

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Greg S. Young

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

Michael P. Wise

Michael P. Wise, VP/Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98
Date

612-897-5212
Daytime Phone #

CR2E040 (12/96)

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Fitness Centers of America
Directors and Officers Information

Title	Name and Residence Address
Chief Executive Officer and Director	Loren S. Brink 3500 West 80 th Street, Suite 130 Bloomington, MN 55431
President	Charles J. Pappas 3500 West 80 th Street, Suite 130 Bloomington, MN 55431
Executive Vice President	James A. Narum 3500 West 80 th Street, Suite 130 Bloomington, MN 55431
Secretary, Treasurer, Chief Financial Officer and Director	Charles E. Bidwell 3500 West 80 th Street, Suite 130 Bloomington, MN 55431
Vice President/Controller	Michael P. Wise 3500 West 80 th Street, Suite 130 Bloomington, MN 55431
Vice President	Tom Merry 3500 West 80 th Street, Suite 130 Bloomington, MN 55431
Vice President	William McMahon 3500 West 80 th Street, Suite 130 Bloomington, MN 55431