

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/26/02--01047--011
***1200.00 ***1200.00

REINSTATEMENT 99-02

DOCUMENT #

1. Corporation Name

National Fitness Clubs of Florida II, INC
898000032866

2. Principal Office Address

8540 DAYTON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

8540 DAYTON AVE

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/98

5. FEI Number

0775746
66 0553480

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

National Fitness Clubs of Florida, INC

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

8540 DAYTON AVE

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33907

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

Date

6/17/02

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
D	Pierre A. Narath	1538 TURNPIKE ST.	N. Andover, MA 01845

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:

Pierre A. Narath

6/17/02

9786866408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)