Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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CORPORATION REINSTATEMENT
GYM SOURCE MIAMI INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT -8 PM 2:06

KS

DOCUMENT # P99000070074

1. Corporation Name
Gym Source Miami Inc.

REINSTATEMENT 2010

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
40 East 52nd Street	100 Danbury Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, New York	City & State: Ridgefield, CT
Zip: 10022 / Country: USA	Zip: 06877 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/5/1999

5. FEI Number: 134080835 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Sohan R. Dindyal Date: 10-05-10
REGISTERED AGENT MUST SIGN Vice President

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
Pres.	Richard L. Miller	40 East 52nd Street,	New York, New York 10022
Secy.	William Kemnitzer	40 East 52nd Street	New York, New York 10022

10. E-mail Address: richj@gymsource.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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] Richard Tanzilli 10/8/10 203 244-1457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 06/03/2010 C T System Online