


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
	DOCUMENT # <u>P99000070898</u>

FILED
01 JAN 25 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
ClubSystems Group, Inc.

2. Principal Office Address 101 Greenwood Ave.		3. Mailing Office Address 101 Greenwood Ave.	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600	
City & State Jenkintown, PA		City & State Jenkintown, PA	
Zip 19046	Country USA	Zip 19046	Country USA

REINSTATEMENT 0001

4. Date Incorporated or Qualified To Do Business in Florida August 10, 1999

5. FEI Number 23-2468307

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

900003574548--7

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 BRIAN COURTNEY, ASST. V.P. Date 1/25/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	Donald Saleski	101 Greenwood Ave., Ste. 600	Jenkintown, PA 19046
SEC	Robert E. Wisniewski	101 Greenwood Ave., Ste. 600	Jenkintown, PA 19046
TREA	Robert E. Wisniewski	101 Greenwood Ave., Ste. 600	Jenkintown, PA 19046
DIR	Eric L. Blum	101 Greenwood Ave., Ste. 600	Jenkintown, PA 19046

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: Robert E. Wisniewski Robert E. Wisniewski 1/17/01 215-887-2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ACCOUNT NO. : 072100000032

REFERENCE : 960556 4802598

AUTHORIZATION :

Patricia Pyszt

COST LIMIT : \$ 900.00

ORDER DATE : January 10, 2001

ORDER TIME : 10:37 AM

ORDER NO. : 960556-010

CUSTOMER NO: 4802598

CUSTOMER: Frank E. Dietrick, Paralegal
Dilworth, Paxson LLP
3200 Mellon Bank Cntr.
1735 Market Street
Philadelphia, PA 19103

DOMESTIC FILINGS

NAME: CLUBSYSTEMS GROUP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 JAN 25 PM 12:08

RECEIVED