

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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02 JUL 31 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REINSTATEMENT 2000-2007

09/14/00 90015 035 \$550.00

4. Date Incorporated or Qualified
To Do Business in Florida

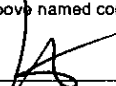
5. FEI Number
06-1565411

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000105800			
1. Corporation Name PAN Realty, inc			
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

7. Name and Address of Current Registered Agent	
Name National Fitness Clubs of Florida III, inc	
Street Address (P.O. Box Number is Not Acceptable) 8540 Dayton Ave.	
Suite, Apt. #, Etc. 100007113081-8	
City FORT MYERS	
State FL	Zip Code 33707

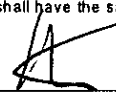
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **Date** 7/1/02

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.	Deane A. Naranjo	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:  **DATE** 7/1/02 **DAYTIME PHONE #** (978) 686 6468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)