

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 199000001649

1. Limited Liability Company's Name

PSL Fitness Enterprise LLC.
d/b/a waterfront Fitness, PSL

300024410923
11/04/03--01043--005 **305.00

2. Principal Office Address

10377 South US One

3. Mailing Office Address

901 Donald Ross Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL.

City & State

Juno Beach, FL.

Zip

34952

Country

USA

Zip

33408

Country

USA

4. State/Country of Formation

Florida - St. Lucie County

**5. Date Organized or Qualified
To Do Business in Florida**

3/11/1999

6. FEI Number

65-0904989

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

F. R. Burdett

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

901 Donald Ross Road

Suite, Apt. #, Etc.

City

Juno Beach,

State

FL

Zip Code

33408

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

F. R. Burdett
REGISTERED AGENT MUST SIGN

Date October 27, 2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	F. R. Burdett	901 Donald Ross Road	Juno Beach, FL. 33408

REINSTATEMENT
REINSTATEMENT

00-03
Dec 03

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

F. R. Burdett

Date

10/27/03

Daytime Phone # 561-625-3011

Typed or printed name of signing Managing Member/Manager

F. R. Burdett