

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 23 AM 8:34

DOCUMENT # **P 98000022423**

1. Corporation Name

**BAL HARBOUR HEALTH & FITNESS  
MANAGEMENT INC**

**REINSTATEMENT** CO-04

2. Principal Office Address

**10101 COLLINS AVE**

Suite, Apt. #, etc.

**Spa**

City & State

**BAL HARBOUR FL**

Zip

**33154**

Country

**USA**

3. Mailing Office Address

**10101 COLLINS AVE**

Suite, Apt. #, etc.

**Spa**

City & State

**BAL HARBOUR FL**

Zip

**33154**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/10/98**

5. FEI Number

**650679504**

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

**STEVEN R. FRANCIS**

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

**10101 COLLINS AVE**

Suite, Apt. #, Etc.

**Spa**

City

**BAL HARBOUR**

State

**FL**

Zip Code

**33154**

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

**Steven R. Francis**

Date

**9/17/04**

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
P	STEVEN R. FRANCIS	9250 W. Bay Harbor Dr 6B	33154 Bay Harbor Islands FL
Sec	GISELLE FRANCIS	9250 W. Bay Harbor Dr 6B	33157 Bay Harbor Islands FL

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:

**STEVEN R. FRANCIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/17/04**

Date

**505-866-5887**

Daytime Phone #

CR2E081 (01/04)

**BAL HARBOUR HEALTH & FITNESS MANAGEMENT INC.**

**PRINCIPAL ADDRESS**

~~11855 N.E. 19TH DRIVE #2~~  
~~NORTH MIAMI FL 33181~~

10101 Collins Ave  
Bal Harbour FL 33154

**MAILING ADDRESS**

~~11855 N.E. 19TH DRIVE #2~~  
~~NORTH MIAMI FL 33181~~

↑  
same

**Document Number**  
P98000022423

**FEI Number**  
650679504

**Date Filed**  
03/10/1998

**State**  
FL

**Status**  
INACTIVE

**Effective Date**  
NONE

**Last Event**  
ADMIN DISSOLUTION  
FOR ANNUAL REPORT

**Event Date Filed**  
09/22/2000

**Event Effective Date**  
NONE

**Registered Agent**

<b>Officer/Director Detail</b>		<b>Title</b>
<b>Name &amp; Address</b>		
FRANCIS, STEVEN R <del>11855 NE 19TH DRIVE #2</del> N MIAMI FL 33181		P
<b>Annual Reports</b>	<b>Filed Date</b>	
<b>Report Year</b>		
1999	03/09/1999	



*Bal Harbour  
Health & Fitness  
Management, Inc. d.b.a.*

*BalFit*

August 25 2004  
Division of Corporations

~~To Whom It May Concern:~~

I recently became aware that my corporation **Bal Harbour Health & Fitness Management Inc** has been placed in admin dissolution for no annual report filing.

I have not received any correspondence on renewing this.

I would like this corporation reinstated.  
I am inclosing the payments for the reinstatement.

I respectfully request the penalty to be abated.

Steven R. Francis

President  
Bal Harbour Health & Fitness Management Inc