

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000094648

1. Corporation Name

WATERFRONT FAMILY FITNESS, INC.

Principal Place of Business

10377 SO. US HWY 1
PT. LUCIE FL 34952

Mailing Address

10377 SO. US HWY 1
PT. LUCIE FL 34952

change

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

901 Donald Ross Rd.
Juno Beach, FL.
33408 USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1998

SP

5. FEI Number

65-0903318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ D

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V, S, D	LAFLEUR, KENT R	13409 WILLIAM MYER CO.	PALM BEACH GARDENS FL 33410
P, I, D	BURDETT, FRED R	801 DONALD ROSS RD.	JUNO BEACH FL 33408

400003063504--3
-12/07/99--01082--015
758.75 758.75

8. Name and Address of Current Registered Agent

FERGUSON, DARL D
2000 NORTHY CONGRESS AVE., #208
WEST PALM BEACH FL 33408

change

9. Name and Address of New Registered Agent

Name

F.R. Burdett

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

901 Donald Ross Rd.

Suite, Apt. #, Etc.

City

Juno Beach

State

FL

Zip Code

33408

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0608, F.S.

Signature of
Registered Agent

F.R. Burdett

REGISTERED AGENT MUST SIGN

Date November 19, 1999

11. 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:

F.R. Burdett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 19, 1999

Date

561-625-3011

Daytime Phone #

OMB APPROVAL NO. 3245-0201
Expiration Date: 12-31-87

SBA LOAN NO.

GP 271 046 40 08 MIA

(For Corporate Applicants)

U.S. Small Business Administration
RESOLUTION OF BOARD OF DIRECTORS OF

Waterfront Family Fitness, Inc. a Florida Corporation

(Name of Applicant)

(1) RESOLVED, that the officers of this corporation named below, or any one of them, or their, or any one of their, duly elected or appointed successors in office, be and they are hereby authorized and empowered in the name and on behalf of this corporation and under its corporate seal to execute and deliver to the Riverside National Bank of Florida (hereinafter called "Lender") or the Small Business Administration (hereinafter called "SBA"), as the case may be, in the form required by Lender or SBA, the following documents: (a) application for a loan or loans, the total thereof not to exceed in principal amount \$ 1,300,000 maturing upon such date or dates and bearing interest at such rate or rates, as may be prescribed by Lender or SBA; (b) applications for any renewals or extensions of all or any part of such loan or loans and of any other loans, heretofore and hereinafter made by Lender or SBA to this corporation; (c) the promissory note or notes of this corporation evidencing such loan or loans or any renewals or extensions thereof; and (d) any other instruments or agreements of this corporation which may be required by Lender or SBA in connection with such loans, renewals, and for extensions; and that said officers in their discretion may accept any such loan or loans in installments and give one or more notes of this corporation therefor, and may receive and endorse in the name of this corporation any checks or drafts representing such loan or loans or any such installments;

(2) FURTHER RESOLVED, that the aforesaid officers or any one of them, or their duly elected or appointed successors in office, be and they are hereby authorized and empowered to do any acts, including but not limited to the mortgage, pledge, or hypothecation from time to time with Lender or SBA of any or all assets of this corporation to secure such loan or loans, renewals and extensions, and to execute in the name and on behalf of this corporation and under its corporate seal or otherwise, any instruments or agreements deemed necessary or proper by Lender or SBA, in respect of the collateral securing any indebtedness of this corporation;

(3) FURTHER RESOLVED, that any indebtedness heretofore contracted and any contracts or agreements heretofore made with Lender or SBA on behalf of this corporation, and all acts of officers or agents of this corporation in connection with said indebtedness or said contracts or agreements, are hereby ratified and confirmed;

(4) FURTHER RESOLVED, that the officers referred to in the foregoing resolutions are as follows:

Fred R. Burdett

(Typewrite name)

Pres., Trans., Dir.

(Title)

[Signature]

(Signature)

Kent R. LaFleur

(Typewrite name)

V. Pres., Secy, Dir.

(Title)

[Signature]

(Signature)

(Typewrite name)

(Title)

(Signature)

(Typewrite name)

(Title)

(Signature)

(5) FURTHER RESOLVED, that Lender or SBA is authorized to rely upon the aforesaid resolutions until receipt of written notice of any change.

CERTIFICATION

I HEREBY CERTIFY that the foregoing is a true and correct copy of a resolution regularly presented to and adopted by the Board of Directors of Waterfront Family Fitness, Inc. a Florida Corporation at a meeting duly called and held at 901 Donald Ross Pl. Sand Beach FL. on the 14th day of January, 1999, at which a quorum was present and voted, and that such resolution is duly recorded in the minute book of this corporation; that the officers named in said resolution have been duly elected or appointed to, and are the present incumbents of, the respective offices set after their respective names; and that the signatures set opposite their respective names are their true and genuine signatures.

(Seal)

Secretary

Kent R. LaFleur

Form **SS-4**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers; corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

By Telephone
3/19/99EIN **65-0903318**

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Waterfront Family Fitness, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
10377 South US Highway 1

4b City, state, and ZIP code
Port St. Lucie, FL 34952

5a Business address (if different from address on lines 4a and 4b)
10131 South U.S. Highway 1

5b City, state, and ZIP code
Port St. Lucie, FL 34952

6 County and state where principal business is located
Port St. Lucie County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ **039-26-3472**
F.R. Burdett

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN) ☐ Partnership ☐ REMIC ☐ State/local government ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☐ Other (specify) ▶

☐ Personal service corp. ☐ National Guard ☐ Farmers' cooperative ☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☒ Other corporation (specify) ▶ **S** ☐ Trust ☐ Federal government/military (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **Florida** Foreign country

9 Reason for applying (Check only one box.) (see instructions) ☒ Started new business (specify type) ▶ **Real Estate - EPC** ☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Other (specify) ▶

☐ Hired employees (Check the box and see line 12.) ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions)
March 19, 1999

11 Closing month of accounting year (see instructions)
December 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) **0** Nonagricultural Agricultural Household

14 Principal activity (see instructions) ▶ **Real Estate - EPC**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ▶ ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes," give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name **F.R. Burdett** Trade name **BES Management Services, Inc.**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (month, day, year) **4/12/98** City and state where filed **Port St. Lucie, FL** Previous EIN **02-2564946**
65-0827775

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

561-625-3011

For telephone number (include area code)

561-627-9468Name and title (Please type or print clearly.) ▶ **F.R. Burdett, President**Signature ▶ **F.R. Burdett**Date ▶ **March 19, 1999**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Inc.

Class

Size

Reason for applying