

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000018288

1. Corporation Name

BEACH AEROBIC WORKOUT CO.

Principal Place of Business

Mailing Address

5817 4TH STREET EAST 4912 15TH ST.  
BRADENTON FL 34203 EAST. PO BOX 7174  
BRADENTON FL 34210  
34203

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/1999

5. FEI Number

65-0894122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
DP ST	Letitia Burchette	4912 15TH ST. E. BRADENTON FL 34203	FL 34203 BRADENTON

100004706271--5  
-12/05/01--01057--025  
\*\*\*\*500.00 \*\*\*\*500.00

100004706271--5  
-12/05/01--01057--026  
\*\*\*\*250.00 \*\*\*\*250.00

100004706271--5  
-12/05/01--01057--027  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURCHETTE, LETITIA  
5817 4TH STREET EAST  
BRADENTON FL 34203

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Letitia Burchette  
REGISTERED AGENT MUST SIGN

Date 3-6-2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. VARNADORE NOV 30 2001

FILED

01 NOV 13 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

06-01