PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -7 AM 11:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 744994

1. Corporation Name

BEACH GARDEN "H" ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 227 BAREFOOT BEACH BLVD<br>BONITA SPRINGS FL 34134<br>US | 227 BAREFOOT BEACH BLVD<br>BONITA SPRINGS FL 34134<br>US |

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

REINSTATEMENT 03

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| SUSAN LOYD | SUSAN LOYD |
| Suite, Apt. #, etc. 109 INAGUA LANE | Suite, Apt. #, etc. 109 INAGUA LANE |
| City & State BONITA SPRINGS, FL. | City & State BONITA SPRINGS, FL. |
| Zip 34134 Country USA | Zip 34134 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/1978

5. FEI Number: 59-2474386 ☐ 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 |
|---|---|---|---|
| PD | CARKHUFF, WALDO H | 108 HISPANIOLA LN | BONITA SPRINGS FL 34134 |
| TD | STINGL, DAN | 227 BAREFOOOT BEACH BLVD | BONITA SPRINGS FL 34134 |
| SD | LOYD, SUSAN | 109 INAGUA LN | BONITA SPRINGS FL 34134 |
| VD | LOYD, PHIL | 109 INAGUA LN | BONITA SPRINGS FL 34134 |
| | | | |
| | | | |

100024510101
11/07/03--01055--011 **236.25

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| LOYD, SUSAN<br>109 INAGUA LANE<br>BONITA SPRINGS FL 34134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State FL / Zip Code |

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 11/2/03
REGISTERED AGENT MUST SIGN

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] (SUSAN LOYD) 11/2/03 239-495-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #