

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 751632**

1. Corporation Name

St Augustine Beach Civic Association, Inc

2. Principal Office Address - No P.O. Box #

368 A1A Beach Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O.Box 840127

Suite, Apt. #, etc.

City & State

St Augustine

City & State

St Augustine

Zip

32080

Country

St. Johns

Zip

32080

Country

St. Johns

7. Name and Address of Current Registered Agent

Name

Robert Samuels

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

110 Mickler Blvd

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

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

*Robert Samuels*

Date 12/22/2011

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	Robert Samuels	110 mickler blvd	St Augustine FL 32080
VP	Bill Jones	160 Pantaro Cay Blvd	St Augustine FL 32080
VP	Nick Marziani	120 Makarios Dr	St. Augustine FL 32080
T	Frank Ward	1152 Overdale Dr	St. Augustine FL 32080
S	Andrea Samuels	110 Mickler Blvd	St. Augustine FL 32080
Dir	Mike Mele	122 Mickler Blvd	St. Augustine FL 32080

10. E-mail Address: ROBANNIESMLS@BELL SOUTH.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Robert Samuels*

ROBERT SAMUELS

12/23/11

904-347-8007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2011 DEC 28 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900215581699  
12/28/11--01027--004 \*\*236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1980

5. FEI Number

592574646

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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\$12/28