PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN -4 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763109

1. Corporation Name The Beach Condominiums Owners Association, Inc.

Principal Place of Business	Mailing Address
8459 Gulf Blvd Navarre Beach, FL 32566	Same

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

800002738778--8
-01/12/99--01089--012
****358.75 ****358.75

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 of Qualified To Do Business In Florida

5. FEI Number 59-2573576 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. D	James Milligan	8993 Pembroke Ellis	Memphis, TN 38133
V.Pres D	Quillie Kinard	525 Elmer Rd	Jesup, GA 31545
Treas.	Merrill Newbill	972 Grand Canal Dr	Gulf Breeze, FL 32561
Sec.	Linda Wagoner	822 Creek Trail	Anniston, AL 36206
Direc.	Rayford Standley	3000 Chippewa Lane	Pace, FL 32571

8. Name and Address of Current Registered Agent

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SL 1-8-99

9. Name and Address of New Registered Agent

Name: Linda Irwin
Street Address (P.O. Box Number is Not Acceptable): 8104 Escola St
Suite, Apt. #, Etc.:
City: Navarre State: FL Zip Code: 32566

CR2E040 (1/96)

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: Linda Irwin — REGISTERED AGENT MUST SIGN — Date: 12/29/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Jim Milligan Jim Milligan — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12-29-98 Date — 901-377-8657 Daytime Phone #