

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 04 NOV 18 PM 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N0300007772

1. Corporation Name
 THE BEACH RETREAT OWNERS ASSOCIATION, INC.

2. Principal Office Address 12815 HIGHWAY 98 WEST		3. Mailing Office Address 12815 HIGHWAY 98 WEST	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State DESTIN, FL		City & State DESTIN, FL	
Zip 32550	Country USA	Zip 32550	Country USA

REINSTATEMENT *bu*

4. Date Incorporated or Qualified To Do Business in Florida 09/09/2003	
5. FEI Number 20-0408273	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
 LORETTA W. SMITH, CAM

Street Address (P.O. Box Number is Not Acceptable)
 12815 HIGHWAY 98 WEST

Suite, Apt. #, Etc.
 SUITE 100

City
 DESTIN

State
FL

Zip Code
 32550

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 *Loretta W. Smith* Date 10/28/04
 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	LYLE HEIDEMANN	4009 OAK RIDGE CIRCLE	CRYSTAL LAKE, IL 60012
VP	AL MERONE	109 CHITIENDON AVENUE	TUCKAHOE, NY 10707
S/T	SHERRY MCDANIEL	413 WINDJAMMER COURT	DESTIN, FL 32541
D	MICHELLE JACKSON	1380 LAKE HILLS ROAD	AUBURN, AL 36830
D	RON HARGROVE	1362 6TH STREET	FLORALA, AL 36442

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10. 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: *Sherry Y. McDaniel* Date 10/28/04 1-850-269-0739
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)