

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #222609

1. Corporation Name

THE BEACH TRAVEL SERVICE, INCORPORATED

2. Principal Office Address

5905 NW 72nd Court

Suite, Apt. #, etc.

City & State

Parkland

FL

Zip

33067

Country

USA

3. Mailing Office Address

P.O. Box 670067

Suite, Apt. #, etc.

City & State

Coral Springs,

FL

Zip

33067

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/15/1959

5. FEI Number

590870431

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joni Ward

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

5905 NW 72nd Court

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

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

Joni L. Ward

REGISTERED AGENT MUST SIGN

Date

Nov 26, 01

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
D/CEO	Ben K. O'Dell	1008 Cortina Ct.	Shorewood, IL 60431
D	Joni L. Ward	5905 NW 72nd Court	Parkland, FL 33067
D	Jerry Frump	700 Jefferson Street	Shorewood, IL 60431

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:

Joni L. Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 26, 01

954-227-2432

Daytime Phone #

2002

THE BEACH TRAVEL SERVICE, INCORPORATED
2701 West Oakland Park Boulevard
Suite 100
Fort Lauderdale, FL 33311

November 26, 2001

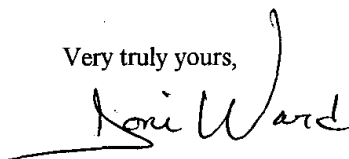
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN

I was informed by counsel when they ran a printout from the Secretary of State on my Corporation, that my Corporation had been administratively dissolved due to the fact that the annual report for 2001 had not been filed. The company was taken over by new owners and the 2000 Uniform Business Report form was never received in 2000. We at that time reinstated the company and informed you of our new mailing address. Once again we did not receive the Uniform Business Report form for the year 2001. We have moved and changed our address since the original filing, as you can see from the attached Application for Reinstatement form and therefore the form may have been sent to the old address and not forwarded on to our new one and we have also changed our Registered Agent. We do not plan on moving our offices in the near future and if so, we will immediately inform our counsel so they can advise you of same.

I apologize for the inconvenience this may have caused and I ask that you take all factors into consideration and let us reinstate our corporation with the documentation attached.

Very truly yours,



Joni Ward