

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 612396

1. Corporation Name

First Gulf Beach Realty, Inc

2. Principal Office Address

1501 Gulf Boulevard

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

Zip

33785

Country

USA

3. Mailing Office Address

1501 Gulf Boulevard

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

Zip

33785

Country

USA

REINSTATEMENT 00-04

4. Date Incorporated or Qualified

To Do Business in Florida 3/9/79

5. FEI Number

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

Stephen A. Iles

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

1501 Gulf Boulevard

Suite, Apt. #, Etc.

City

Indian Rocks Beach

State

FL

Zip Code

33785

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

Date

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
Pres	Stephen A. Iles	1501 Gulf Boulevard	Indian Rocks Beach, FL 33785
Sec	K. Suzanne Iles	1501 Gulf Boulevard	Indian Rocks Beach, FL 33785

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:

SA Iles

11/12/04

727-517-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)