

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

97 DEC 31 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691060

1. Corporation Name

BEACHSIDE ONE REALTY, INC.

Principal Place of Business

~~4715 THOMAS DR~~
PANAMA CITY BCH FL 32408-7337

Mailing Address

~~4715 THOMAS DR~~
PANAMA CITY BCH FL 32408-7337

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

2. New Principal Office Address, If Applicable

~~6201 Thomas DR~~
Sulte, Apt. #, etc.
#1802

City & State
PANAMA CITY BEACH
Zip
32408 Country
USA

3. New Mailing Office Address, If Applicable

~~6201 Thomas DR~~
Sulte, Apt. #, etc.
1802

City & State
PANAMA CITY BEACH
Zip
32408 Country
USA

4. Date Incorporated or Qualified
To Do Business In Florida

06/11/1981

5. FEI Number

59-2115477

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PST	FRANKLIN, LINDA A.	4715 THOMAS DR 6201 Thomas DR 1802, PANAMA CITY BEACH 32408	PANAMA CITY BEACH FL 32408

7000002391257-2
-01/06/98--01074--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

FRANKLIN, LINDA A
~~4715 THOMAS DR~~ 6201 Thomas DR #1802
PANAMA CITY BCH FL 32408

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 A. Franklin
REGISTERED AGENT MUST SIGN

Date 12-26-97

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

Linda A. Franklin Linda A. FRANKLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-97
Date

850-233-9536
Daytime Phone #

CR2E040 (8/97)