

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 19 PM 3:15

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762330

1. Corporation Name

Beaches Council for Disabled Persons, Inc.

900095809129

04/04/07--01045--002 **420.00

REINSTATEMENT 04-07

CR2E081 (12/05)

2. Principal Office Address

321 Penman Road

Suite, Apt. #, etc.

3. Mailing Office Address

321 Penman Road

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 9, 1982

5. FEI Number

59-2347951

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

~~Ahern, Fred L., Jr.~~

JIMMY WILKINS

Street Address (Post Box Number is Not Acceptable)

~~2215 South Third Street, Suite 101~~

321 PENMAN RD.

Suite, Apt. #, Etc.

← SAME CITY & ZIP CODE AS BELOW

City

Jacksonville Beach

State

FL

Zip Code

32082

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

3/14/07

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	Annie Wooden	1219 Mayport Landing Drive	Atlantic Beach, FL 32233
V	Amy Roberts	614 Midway Street	Neptune Beach, FL-32266
S	Madeline Hopson	5466 Riverwood Road North	St. Augustine, FL 32092
T	Jimmy Wilkins	321 North Penman Road	Jacksonville Beach, FL 32250
D	Gary Fiske <i>[Signature]</i>	539 Hopkins Street	Neptune Beach, FL 32266

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 contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/07

Daytime Phone #