

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 28 PM 4:55

DOCUMENT # 767855

1. Corporation Name

The Beachcomber Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

2180 West State Road

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 5000

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Zip

32779

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1983

5. FEI Number
07-6461223

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name
Kristie Schrader, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2215 So. Third Street

Suite, Apt. #, Etc.
Suite 101

City
Jacksonville Beach

State
FL

Zip Code
32250

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kristie Schrader

Date 5-26-09

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	Robert Love	1301 1st Street So. #206	Jacksonville Beach, FL 32250
VP	H. Leslie Wilcoxon	3506 Sanctuary Blvd.	Jacksonville Beach, FL 32250
Sect	Linda Richardson	12995 Huntley Manor Drv.	Jacksonville, FL 32224
Treas	Dave Meyers	124 Retreat Place	Ponte Vedra Beach, FL 32082

REINSTATEMENT

84-09 TB 5/26/09

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Love ROBERT F. LOVE

Date

5/26/09

Daytime Phone #

904/241-5818