

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 22 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H17125

1. Corporation Name

EMERALD COAST BEACH SERVICE, INC.

Principal Place of Business

326 MOUNTAIN DRIVE
PO BOX 1172
DESTIN FL 32541

Mailing Address

326 MOUNTAIN DRIVE
PO BOX 1172
DESTIN FL 32540

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

2. New Principal Office Address, If Applicable

326 Mountain Dr.

3. New Mailing Office Address, If Applicable

P.O. Box 1172

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Zip

32541

Country

USA

Zip

32540

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1984

5. FEI Number

59-2502381

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	WILSON, RANDY	415 GULF SHORE DR.	DESTIN FL
V	WILKERSON, DEAN	1044 HWY 98 E	DESTIN FL Delete - no longer an officer or owner of corp.
			600005418776--4 -05/01/02--01085--021 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

WILSON, RANDY
415 GULF SHORE DR.
DESTIN FL 32541

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

Randy Wilson

REGISTERED AGENT MUST SIGN

Date

1-23-02

11. 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:

Randy Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

Date

850 585 6240

Daytime Phone #

CR2040 (801)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 4, 2002

EMERALD COAST BEACH SERVICE, INC.
P.O. BOX 1172
DESTIN, FL 32540

SUBJECT: EMERALD COAST BEACH SERVICE, INC.
Ref. Number: H17125

We have received your document for EMERALD COAST BEACH SERVICE, INC. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a 2002 annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$900.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 802A00006865