

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J39703**

1. Corporation Name

BEACHES PENNY PATCH, INC.

Principal Place of Business

**1535 Penman Road
Jacksonville Beach,
Florida 32250**

Mailing Address

**1535 Penman Road
Jacksonville Beach,
Florida 32250**

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

October 28, 1986

5. FEI Number

59-2735676

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-97

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/ T/D	Lili C. Florio	12926 Palmetto Glade Dr	Jacksonville, FL 32246

700002192567--5
05/28/97-01013-009
******915.00 ****915.00**

05/22/97

8. Name and Address of Current Registered Agent

Fred L. Ahern, Jr., Esq.
2215 S. 3rd Street, Ste. 101
Jacksonville Beach, FL 32250

9. Name and Address of New Registered Agent

Name

Paul M. Eakin, Esq.

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

599 Atlantic Boulevard

Suite, Apt. #, Etc.

4

City

Atlantic Beach

State

FL

Zip Code

32233

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

[Signature of Fred L. Ahern, Jr.]

REGISTERED AGENT MUST SIGN

Date **5/20/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Lili C. Florio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

5/19/97

Date

(904) 241-0252

Daytime Phone #

CR2E040 (12/96)