

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 17 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K01426

1. Corporation Name

Beacon Coast Investments, Inc.

2. Principal Office Address

176 Heritage Circle Circle

Suite, Apt. #, etc.

City & State

Ormond Beach, Fl.

Zip

32174

Country

Volusia

3. Mailing Office Address

176 Heritage Circle

Suite, Apt. #, etc.

City & State

Ormond Beach, Fl.

Zip

32174

Country

Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/10/1987

5. FEI Number

592865680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

700009817807
01/03/03--01070--030 **8.75

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

Anthony Cirelli

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

176 Heritage Circle

Suite, Apt. #, Etc.

City

Ormond Beach

State
FL

Zip Code

32174

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

Anthony Cirelli

Date **12/16/02**

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
PSTD	Anthony Cirelli	176 Heritage Circle	Ormond Beach, Fl., 32174

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 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:

Anthony Cirelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/16/02**

386/673-9008

Daytime Phone #

CR2E001 (9/01)