

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 31 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # m69052

1. Corporation Name

Beach Enterprises Unlimited Inc

600113835896
01/04/08--01040--008 **758.75

CR2E081 (1/07)

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

16301 Arbor Ridge Dr

Suite, Apt. #, etc.

3. Mailing Office Address

16301 Arbor Ridge Dr

Suite, Apt. #, etc.

City & State

Ft Myers FL

Zip 33908

Country USA

City & State

Ft Myers FL

Zip 33908

Country USA

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

2/22/1988

5. FEI Number

650056094

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

Susan Gallagher

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

16301 Arbor Ridge Dr

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33908

☐ 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

Susan Gallagher

Date 12/1/07

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
<u>P</u>	<u>Randy Gallagher</u>	<u>16301 Arbor Ridge Dr</u>	<u>Ft Myers FL 33908</u>
<u>VPs</u>	<u>Randy Gallagher</u>	<u>" "</u>	<u>" "</u>
<u>S</u>	<u>Susan Gallagher</u>	<u>16301 Arbor Ridge Dr</u>	<u>Ft Myers FL 33908</u>
<u>T</u>	<u>Susan Gallagher</u>	<u>" "</u>	<u>" "</u>

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:

Susan Gallagher - Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/07

Date

Daytime Phone #

585-335-6880
585-335-7075

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