

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 14 AM 10:49


FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

300088460883

02/16/07--01003--023 **367.50

REINSTATEMENT 02-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01000007544

1. Corporation Name

BEACHSIDE AT ST. AUGUSTINE BEACH
OWNERS ASSOCIATION, INC.

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

115 A Street

Suite, Apt. #, etc.

3. Mailing Office Address DALE DAHL

115 A STREET

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32080

Country

USA

City & State

ST. AUGUSTINE, FL

Zip

32080

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2001

5. FEI Number

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 S. BLOODWORTH

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

81 KING STREET, Ste. A

Suite, Apt. #, Etc.

A

City

St. Augustine

State

FL

Zip Code

32084

☒ 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 S. Bloodworth

REGISTERED AGENT MUST SIGN

Date 2/6/07

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
D/P	Tom Swisshelm	6216 S.W. 84th Terrace	Gainesville FL 32608
D/S	Dale Dahl	115 A Street	St. Augustine, FL 32080
D/T	Lauren R. Womack	812 AIA Beach Blvd	St. Augustine FL 32080

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02/16/07--01003--024 **8.75

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:

DALE DAHL
DIRECTOR/SECRETARY
DALE DAHL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-2007

Date

406-396-3339

Daytime Phone #