PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 11 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004608

1. Corporate Name
THE Terraces (IND) AT Beachside Condominium Association, Inc.

800028619638
02/11/04--01022--009 **122.50
2/11/04

2. Principal Office Address	3. Mailing Office Address
1144 Canton St.	1144 Canton St.
Suite, Apt. #, etc. Ste 205	Suite, Apt. #, etc. Ste 205
City & State Roswell, GA	City & State Roswell -- GA
Zip 30075 / Country USA	Zip 30075 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida

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: A. Jeffrey Tomasseti

Street Address (P.O. Box Number is Not Acceptable): 406 Ash Street

Suite, Apt. #, Etc.:

City: Fernandina Beach — State: FL — Zip Code: 32034

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: _____ Date: 1/12/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Salma H. Ahmed	1144 Canton St. Ste 205	Roswell, GA 30075

10. I hereby certify that an officer or director of the resident or business entity named above is submitting this application as provided for in section 607.0501 or 617.0501, F.S. I further certify that the resident or business entity named above has complied with all laws applicable to it and that the information contained herein and attached hereto is true and correct. I further certify that the resident or business entity named above has paid all fees due to the Department of State and is in good standing with the Department of State. I further certify that I am an officer or director of the resident or business entity named above, or an attorney or other individual, for an examination under section 119.07(3)(b), F.S., the information indicated on this application is true and correct, and I, signing in the capacity shown below, have the authority to execute the same on behalf of the resident or business entity named above.

SIGNATURE: _____ Date: 2-9-04
SIGNATURE MUST BE PRESIDENT, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #