

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 25 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04000000871**

1. Corporation Name

Save, Our Beaches Inc.

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #
**C/O CHERRY COMMUNICATIONS
227 N. Bronough Street**

3. Mailing Office Address
**C/O CHERRY COMMUNICATIONS
227 N. Bronough Street**

Suite, Apt. #, etc.

Suite 4100

Suite, Apt. #, etc.

Suite 4100

City & State

Tallahassee, FL.

City & State

Tallahassee, FL.

Zip

32301

Country

USA

Zip

32301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/2004

5. FEI Number

200797179

☐ 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

DENNY JONES c/o CHERRY COMMUNICATIONS

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

227 N. Bronough Street

Suite, Apt. #, Etc.

Suite 4100

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

REGISTERED AGENT MUST SIGN

Date **8/19/2008**

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
VD	VIRGINIA MOSLEY	3050 SCENIC HWY 98	DESTIN, FL. 32541
PD	LINDA CHERRY	227 N. Bronough Street, SUITE 4100	Tallahassee, FL.
STD	DENNY JONES	3474 SCENIC HWY 98	DESTIN, FL. 32541

500135637755
09/10/08--01008--010 **358.75

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:

DENNY JONES

8/19/2008

850 654 1887

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20.8/21