## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	06 APR 26 PM 1:07  SECKLIARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT #  1. Corporation Name  NO7691		000074462140 05/12/0601006023 **857.50
BEACH CLUB SOUTH CONDONINIUM ASSOCIATION,		INC. 1777 96-06
2. Principal Office Address  85 FREMONT AVE  Suite, Apt. #, etc.  BOX BCS	3. Mailing Office Address  SAME  Suite, Apt. #, etc.	CRESS 18/05 0 6  4. Date Incorporated or Qualified To Do Business in Florida 02-18-1985
BOX BCS  1 toNA-BEACHFL  32114 USA	City & State Zip Country	To Do Business in Florida  5. FEI Number  5. 92013858  Applied For  Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status
Name    BETH FORSTER		
Registered Agent New Case Police  REGISTERED AGENT MUST SIGN  Date 70/06		
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		r City / State / Zip
DP BETH FORSTER	85 FREMONT AVE	H204 DAYTONA BCH, FL 32114
DV John GLOWINSK	i 85 FREMONT AVE	#302 PAYTONA Beh, FL 32114
DS PAT FORKIN 85 FREMONT Ave #301		#301 DAYTONA Bch, FL 32114
D Neil HARRINGto	od 85 FREMONT AVE	2 # 103 DAY toNA BCh. FL 32114
D DIANE BURge		100 # 203 DAY TONA BULL, FL 32114
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: SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTORS