

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008634891
10/28/02--01111--031 **61.25



DOCUMENT # N09561

1. Corporation Name

BEACH PLAZA APARTMENT MOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14560 GULF BLVD.
MADEIRA BEACH FL 33708

14560 GULF BLVD.
MADEIRA BEACH FL 33708

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/31/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2527843

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	AYOUB, LYLIA	14560 GULF BLVD	MADEIRA BEACH FL 33708
T	FARID, KARAM	17920 GULF BLVD, #1507	REDINGTON SHORES FL 33708
T	DAAD, KARAM	17020 GULF BLVD, #1507	REDINGTON SHORES FL 33708
	LENA, Ayoub	8320 73 rd COURT	Pinellas Park, FL 33781

8. Name and Address of Current Registered Agent

AYOUB, JACK
14560 GULF BLVD
MADEIRA BEACH FL 33708

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State FL Zip Code _____

CR2ED40 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/23/02
Daytime Phone # _____

**BEACH PLAZA APT.
MOTEL CONDO ASSOC.**

14560 Gulf Blvd.
Madeira Beach, Florida 33708

Phone : (727) 319-6393
Fax : (727) 546-9662

October 23, 2002

Dear Sir,

I am writing this letter to inform you that I would like to be re-instated .

For some reason I did not receive the (UBR) notices.

Enclosed you will find a check for the amount of \$ 61.25 .

Thanking you for your attention to this matter.

Sincerely,



Jack Ayoub

Registered Agent