→ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT NII330		State DRATIONS	OBTIAN 13 THIS: 55
1. Corporation Name BEACH VILLAS OWN 6 2. Principal Office Address 36132 EMERALO COAST PKI Suite, Apt. #, etc.	3. Mailing Office Address	CE BOX 575	300068107633 03/20/0601022004 **673.75 ZINSTATERETUR 99-06
City & State DESTIN FL Zip Country VSA	City & State DESTIN F Zip Coi	L untry USA	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name TAMMIE K. BECKER Street Aridrass (P.O. Box Number is Not Acceptable) 3G132 EMERALO COAST PARKWAY Suite, Apt. #, Etc. City DESTIN State FL Zip Code 32541 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.			
Signature of Registered Agent Tannie K. Butter REGISTERED AGENT MUST SIGN 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	
PD BROWN, TERRELL	8172	N. FAIRWAY I	
STD VASHA, AGRON	146 4141	HAND VIEW	DRIVE BIRMINGHAM AL 35242
VD MANN, W. JEFFER	1E5 675 0A SUITE	LLEAF OFFIC 100	CE LANE MEMPHIS TN 38117-4812
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

B. Mitchell MAR 1 6 2006

BEACH VILLAS OWNERS' ASSOCIATION, INC.

Post Office Box 5735 Destin Florida 32540 850-231-2738

February 16, 2006

Department of State Division of Corporations Post Office Box 6327 Tallahassee Florida 32314

Re: Reinstatement of Corporate Status

Dear Sir or Madam:

It has come to my attention that the corporate status for Beach Villas Owners' Association, Inc. was revoked or dissolved in 1999. My name is Tammie Becker and I work for Coastal Properties Association Management, LLC, the management company for this non-profit corporation in the State of Florida.

I cannot explain why the annual report fee was not paid in 1999 therefore I am not asking for the \$175.00 reinstatement fee to be waived. I do however wish to ask that Beach Villas Owners Association, Inc. be reinstated as a non-profit corporation in the State of Florida.

I have enclosed a check in the amount of \$673.75 which includes the \$175.00 reinstatement fee, \$61.75 for each year from 1999 to 2006 and \$8.75 for the current year certificate of status.

Thank you in advance for your prompt attention to this matter. If for any reason you need to contact me you may call 850-231-2738 or e-mail me at tammiebecker@flcoastalproperties.com

Sincerely;

Tammie Becker, CAM Association Manager

Tannu Decker

Enclosure