

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39087

1. Corporation Name

BEACHSIDE NEIGHBORHOOD WATCH, INC.

2. Principal Office Address

46 S. OLEANDER AVE

Suite, Apt. #, etc.

N/A

City & State

DAYTONA BEACH FL

Zip

32118

Country

FLORIDA

3. Mailing Office Address

P.O. BOX 263201

Suite, Apt. #, etc.

N/A

City & State

DAYTONA BEACH, FL 32126-3201

Zip

32118

Country

USA

REINSTATEMENT 05

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

JULY 11 1990

5. FEI Number

59-3026450

☐ 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

FRANK P HECKMAN

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

46 S. OLEANDER AVE

Suite, Apt. #, Etc.

N/A

City

DAYTONA BEACH FL

State

FL

Zip Code

32118

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

Frank P Heckman

REGISTERED AGENT MUST SIGN

Date 12-29-05

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
CHAIRMAN	FRANK P. HECKMAN	46 S. OLEANDER AVE	DAYTONA BEACH, FL 32118
VICE CHAIRMAN	WILLIAM B LAME	435 N. WILD OLIVE AV	DAYTONA BEACH, FL 32118
VICE CHAIRMAN SECRETARY	BETTY STEPHENS	1494 N PENINSULA DR	DAYTONA BEACH, FL 32118
TREASURER	VIRGINIA BROWN	1 BRADOCK AVE	DAYTONA BEACH, FL 32118

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:

Frank P Heckman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-05 (386) 255 4976

Date

Daytime Phone #

FRANK P. HECKMAN III
46 S. OLEANDER AVE.
DAYTONA BEACH, FL 32118

Request taken by: jcjustice
12-20-2005

TO - JESSICA AT STATE
AS EXPLAINED, WE DID NOT RECIEVE
APPLICATION FOR RENEWAL OR NOTICE TO FILE.
THANK YOU!

Frank Heckman

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314