

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000000052

FILED
Oct 18, 2004
Secretary of State**Entity Name:** BEACH DEFENSE FUND, INC.**Current Principal Place of Business:**315 DESOTO STREET
HOLLYWOOD, FL 33019**New Principal Place of Business:**4514 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33019**Current Mailing Address:**315 DESOTO STREET
HOLLYWOOD, FL 33019**New Mailing Address:**P.O. BOX 220452
HOLLYWOOD, FL 33022**FEI Number:** 33-1020713 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**WELSCH, STEVE
315 DESOTO STREET
HOLLYWOOD, FL 33019 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: WELSCH, STEVE
Address: 315 DESOTO ST.
City-St-Zip: HOLLYWOOD, FL 33019**Title:** DV () Delete
Name: PASSALACQUA, JOHN
Address: 4201 N OCEAN DR
City-St-Zip: HOLLYWOOD, FL 33019**Title:** D () Delete
Name: SCHECTER, LAURIE
Address: 4500 N SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019**Title:** D () Delete
Name: ISAACSON, GARY
Address: 4500 N SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: PASSALACQUA, JOHN
Address: 4514 NORTH OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019**Title:** DV (X) Change () Addition
Name: WELSCH, STEVE
Address: 315 DESOTO ST.
City-St-Zip: HOLLYWOOD, FL 33019**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PASSALACQUA

PRES

10/18/2004

Electronic Signature of Signing Officer or Director

Date