

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000029608

1. Corporation Name

BEACH COVE PROPERTIES, INC.

Principal Place of Business

BEACH COVE PROPERTIES, INC  
100 99TH ST. LOT 1  
SEBASTIAN FL 32958

Mailing Address

BEACH COVE PROPERTIES, INC  
P.O. BOX 131  
EXETER NH 03833

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/2000

5. FEI Number

59-3631736

Applied For

Not Applicable

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)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

P

BRITTON, DANIEL E

78 POWELL ST

BROOKLINE MA 02446

VP

BRITTON, MICHAEL

140 POWERMILL RD

EXETER NH 03833

600009746126  
12/30/02--01097--006 \*\*750.00

8. Name and Address of Current Registered Agent

MARTIN, DEBRA L  
100 99TH STREET  
SEBASTIAN FL 32978

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  
32958

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

*Debra L. Martin*  
NATURAL REQUIRE

REGISTERED AGENT MUST SIGN

Date 12-26-02

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:

*Debra L. Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/02 (617) 721-9002  
Date Daytime Phone #

FILED

02 DEC 26 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002