

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JUL 13 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035397

1. Corporation Name

Beachside Design Group, Inc.

2. Principal Office Address - No P.O. Box #

310 S. A1A

Suite, Apt. #, etc.

City & State

Flagler Beach, FL

Zip Country

32136 USA

3. Mailing Office Address

P.O. Box 2147

Suite, Apt. #, etc.

City & State

Flagler Beach, FL

Zip Country

32136 USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

04/06/2000

5. FEI Number

59-3637431

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dale Schmutz

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

8 Kanawha Court

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Dale Schmutz*

REGISTERED AGENT MUST SIGN

Date

7/6/07

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
P	Dale Schmutz	8 Kanawha Court	Palm Coast, FL 32164

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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 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:

*Dale Schmutz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale P. Schmutz

Date

7/11/07

Daytime Phone #

386 439-5700