

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000047329

Entity Name: BEACHVILLAGE.NET, INC.

**FILED**  
**Nov 21, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

405 COLDSTREAM DR  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 698  
EASTPOINT, FL 32328

**New Mailing Address:**

FEI Number: 59-3648140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EATON, WILLIAM L  
405 COLDSTREAM DR  
TALLAHASSEE, FL 32312 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: WILLIAM EATON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: EATON, WILLIAM L  
Address: 405 COLDSTREAM DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD ( ) Delete  
Name: FITZGERALD, JODY  
Address: 405 COLDSTREAM DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD ( ) Delete  
Name: ROUTA, NICHOLAS A  
Address: 327 CANAL ST.  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM EATON

Electronic Signature of Signing Officer or Director

VPD

11/21/2008

Date