

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 15 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054464

1. Corporation Name

THE BEACH HOUSE RESIDENCES
OF SOUTH BEACH, INC.

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

1431 1ST STREET SOUTH

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH
FLORIDA

City & State

FLORIDA

Zip

32250

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

59 3709200

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

MARtha CEEsary TOYUOR

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

1431 1ST ST S.

Suite, Apt. #, Etc.

City

JACK BEACH

State

FL

Zip Code

32250

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

OCT 11, 2012

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 |
|--------|--------------------------------------|---|---------------------|
| PD | MARtha CEEsary TOYUOR | 1431 1ST ST S | JACK BEACH FL 32250 |
| SV | WARR Q. TOYUOR | 1431 1ST ST S | JACK BEACH FL 32250 |
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OCT 15 2012

T. SCOTT

10. E-mail Address:

Maetaia.swdc@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARtha CEEsary TOYUOR

904 202 0200
424 5959