

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000010462

1. Entity Name
810 BEACH, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -5 AM 10:16

Principal Place of Business
810 A-1-A BEACH BLVD.
ST. AUGUSTINE BEACH, FL 32080

Mailing Address
810 A-1-A BEACH BLVD.
ST. AUGUSTINE BEACH, FL 32080



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032008 REIN-P CR2E098 (1/07)

4. FEI Number
59-3694684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, RICHARD B
810 A1A BEACH BLVD
ST AUGUSTINE BEACH, FL 32080

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
O'BRIEN, RICHARD B
810 A-1-A BEACH BLVD.
ST. AUGUSTINE BEACH, FL 32080

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
RINGHAVER, LAUREN C
810 A-1-A BEACH BLVD.
ST. AUGUSTINE BEACH, FL 32080

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000137667530
11/05/08--01024--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R O'Brien

10-31-08

Date

904
471-2220

Daytime Phone #