PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

05 APR -4 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032501

1. Corporation Name

A1A FLORIDA BEACHES REALTY CORP.

Principal Place of Business	Mailing Address
5413 AIA SOUTH SAINT AUGUSTINE FL 32080-7111	5413 AIA SOUTH SAINT AUGUSTINE FL 32080-7111

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6401 A1A South	6401 A1A South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Augustine, FL	City & State: St Augustine, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/30/2001 MRS

5. FEI Number: 59-3718799 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~PSTD~~ VD	~~ANDERSON, ALETA A~~	~~5413 AIA SOUTH~~	~~SAINT AUGUSTINE FL 32080~~
~~VD~~	~~FARLEY, EDWARD~~ Delete	~~5413 AIA SOUTH~~	~~SAINT AUGUSTINE FL 32080~~
PN/ATD	ANDERSON, ALETA A	5584 N OCEANSHORE BLVD	PALM COAST FL 32137
		800051200948 04/19/05--01037--011 **150.00	
		800051200948 04/19/05--01037--012 **900.00	

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: ALETA A. ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 6401 A1A South
Suite, Apt. #, Etc.:
City: St Augustine State: FL Zip Code: 32080

CR2E040 (7/03)

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: [signature] Date: 3/30/05
REGISTERED AGENT MUST SIGN

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: [signature] Aleta A Anderson 3/30/05 904 471-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #