PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 08 JAN 18 PM 1: 17 |
|--|---|--|
| DOCUMENT # PO\ O | 200 66096 of Cape San Blas, | SECHLING OF STATE TALLAHASSEE, FLORIDA |
| Beach Realty | The. | |
| 2. Principal Office Address - No P.O. Box # LY75A Cape San Blas R Suite, Apt. #, etc. | 3. Mailing Office Address 3.18 Reid Ave, Suite, Apt. #, etc. | CR2E081 (12/07) |
| Port St. Joe City & State | Port St, Se City & State | 4. Date incorporated or Qualified To Do Business in Florida 7 15 2001 |
| Florida 32456 | Florida Zip Country | 5. FEI Number Applied For Not Applicable |
| 32456 USA | 324576 USA | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status |
| 7. Name and Address of Current Registered Agent Name Roger Bradley | | The reinstatement fee is imposed, except in |
| Street Address (P.O. Box Number is Not Acceptable) | | circumstances which the entity did not receive the prior notices. By checking this box, you |
| Suite, Apt. #, Etc. | | are certifying the prior notices were not received and requesting the reinstatement fee be waived. |
| Port St. Joe | State Zip Code FL 32456 | |
| 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 REGISTERED/AGENT MUST SIGN | | |
| 9. Names and Street Addresses of Each Officer | end/or Director (Florida nonprofit corporations must list at l | least 3 directors) |
| Titles Name of Officers and/or Director | Street Address of Eac Officer and/or Director | |
| PTD D. Roger Brad | iley 2103 Juniper A | tre Port St. Joe, Fl. 32450 |
| | | 900115544349 01/18/0801043003 **459.00 |
| REINSTATEMENT | | |
| | RLH 01-08 | |
| | | |
| 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 filling 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: SIGNATURE AND TYPED OR | AND US PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 1/16/08 850 - 229 - 90-0 Date Daytime Phone # |