


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000063882 1. Entity Name CRESCENT BEACH CAFE, INC.						FILED 05 OCT 21 AM 10: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6357 A1A SOUTH ST AUGUSTINE, FL 32084				Mailing Address 6357 A1A SOUTH ST AUGUSTINE, FL 32084			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FAY, TRILAWNY 6357 A1A SOUTH ST AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE: <i>Trilawny Fay</i>				DATE: 10-15-05.			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: D <input type="checkbox"/> Delete NAME: FAY, TRILAWNY STREET ADDRESS: 6357 A1A SOUTH CITY-ST-ZIP: ST AUGUSTINE, FL 32084				TITLE: 200060868392 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 10/21/05--01050--010 STREET ADDRESS: **150.00 CITY-ST-ZIP:			
TITLE: D <input type="checkbox"/> Delete NAME: FAY, JOSEPH STREET ADDRESS: 6357 A1A SOUTH CITY-ST-ZIP: ST AUGUSTINE, FL 32084				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Trilawny Fay</i>				DATE: 10-15-05			