

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 21 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080109

1. Corporation Name

ALaura's ELECTRIC BEACH, INC.

Principal Place of Business

8460 SEMINOLE BLVD.  
SEMINOLE FL 33772

Mailing Address

8460 SEMINOLE BLVD.  
SEMINOLE FL 33772



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/22/2002

5. FEI Number

32-0023780

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
P	Byrd, Laura	10315 111th Ave. N	Largo, FL 33773

10/1/03

600029959156  
10721703--01012--023 \*\*150.00

8. Name and Address of Current Registered Agent

BYRD, LAURA  
4925 CAMELLIA WAY SOUTH  
ST. PETERSBURG FL 33705

9. Name and Address of New Registered Agent

Name: Byrd, Laura  
Street Address (P.O. Box Number is Not Acceptable): 10315 111th Ave North  
Suite, Apt. #, Etc.:  
City: Largo State: FL Zip Code: 33773

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 REQUIRED  
*Laura Byrd*  
REGISTERED AGENT MUST SIGN

Date 10-8-03

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 REQUIRED  
*Laura Byrd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

Daytime Phone #

727-399-5700

CR2E040 (7/03)

*Alaura's Electric Beach*  
*8460 Seminole Blvd.*  
*Seminole, FL 33772*  
*727-399-5708*

October 9, 2003

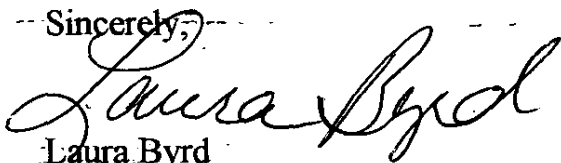
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To whom it concerns:

Please accept the 150.00 reinstatement fee enclosed as payment for my 2003 renewal. Unfortunately, I did not receive a renewal notice form by mail. Please note address changes noted on application.

Thank you in advance for your help in this matter.

Sincerely,



Laura Byrd  
President/Alaura's Electric Beach