

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095054

1. Corporation Name

BEACHSIDE GRILLE, INC., OF GULFPORT

2. Principal Office Address

778 Monte Cristo Blvd.

Suite, Apt. #, etc.

City & State

Tierra Verde, FL

Zip

33715

Country

USA

3. Mailing Office Address

778 Monte Cristo Blvd.

Suite, Apt. #, etc.

City & State

Tierra Verde, FL

Zip

33715

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peter D. Graham

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

5200 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33707

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

Peter D. Graham

REGISTERED AGENT MUST SIGN

Date 10-08-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	William M. Anderson	778 Monte Cristo Blvd.	Tierra Verde, FL 33715

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 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:

William M. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03 722 866 3304

Date

Daytime Phone #