

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000104895

1. Corporation Name

Beach Road Properties, Inc.

2. Principal Office Address

328 Beach Rd.

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34285

Country

USA

3. Mailing Office Address

328 Beach Rd.

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34285

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/30/02

5. FEI Number

71-0906243

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

Becci Saporito

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

328 Beach Road

Suite, Apt. #, Etc.

City

Venice, FL

State

FL

Zip Code

34285

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

Becci Saporito

Date

4/5/04

REGISTERED AGENT MUST SIGN

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
P	William Fisher	328 Beach Road	Venice, FL 34285

700032629647

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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 Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/04

Daytime Phone #

941.412.9392

CR2E081 (01/04)