

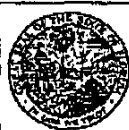
01/28/05 FRI 14:43 FAX 904 248 0139

PATTERSON BOND & LATSHAW

002

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000034092

1. Entity Name
NORTH BEACHES CASA DEL MAR, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 28 PM 4:27

Principal Place of Business
1201 MONUMENT ROAD
#300--
JACKSONVILLE, FL 32225--Mailing Address
1201 MONUMENT ROAD--
#300--
JACKSONVILLE, FL 32225**REINSTATEMENT 04-05**2. Principal Place of Business
3010 South Third Street
Suite, Apt. #, etc.3. Mailing Address
c/o Lawrence R. Patterson
3010 South Third Street
Suite, Apt. #, etc.

01282005 REIN-P CR2E098 (6/04)

City & State
Jacksonville Beach, FLCity & State
Jacksonville Beach, FL4. FEI Number
20-2232928Applied For
Not ApplicableZip
32250Country
USAZip
32250Country
USA5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

BEARDSLEY, DALE A ESQ.
4595 LEXINGTON AVENUE
#100--
JACKSONVILLE, FL 32216-2058--Name
Lawrence R. Patterson
Street Address (P.O. Box Number is Not Acceptable)
3010 South Third StreetCity
Jacksonville Beach FL Zip Code
32250

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 26, 2005

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

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Mr. Alvaro Fernandez Morrell Jan. 26, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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((H05000024092 3))

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : PATTERSON, BOND & LATSHAW, P.A.
Account Number : I20000000140
Phone : (904) 247-1770
Fax Number : (904) 394-5396

CORPORATION REINSTATEMENT

NORTH BEACHES CASA DEL MAR, INC.

Certificate of Status	1
Certified Copy	0
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