## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000119198

Entity Name: SOUTH BEACH VILLAGE, INC.

FILED Dec 09, 2004 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
200 WHARFSIDE WAY, SUITE 200 JACKSONVILLE, FL 32207				9995 GATE PARKWAY, NORTH SUITE 250 JACKSONVILLE, FL 32246 US			
Current Mailing Address:				New Mailing Address:			
200 WHARFSIDE WAY, SUITE 200 JACKSONVILLE, FL 32207				9995 GATE PARKWAY, NORTH SUITE 250 JACKSONVILLE, FL 32246 US			
FEI Number: 30-0	0210416	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Ad	dress of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:	
INTREPID REGISTERED AGENT SERVICES, LLC 225 WATER ST., SUITE 2020 JACKSONVILLE, FL 32202 US				INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202 US			
The above nan	ned entity s Florida.	submits this statement for the p	ourpose o	f changing i	ts registered of	fice or registered agent, or both,	
SIGNATURE: G. RAY DRIVER, JR., PRESIDENT						12/09/2004	
	Electron	ic Signature of Registered Age	ent			Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	TOOMEY, RICH	KWAY, NORTH, SUITE 250	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CRONK, JOSEP	KWAY, NORTH, SUITE 250	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DUCH, CLIFFOR	KWAY, NORTH, SUITE 250	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	GIGGEY, LILLIÁ	KWAY, NORTH, SUITE 250	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN H. GIGGEY S 12/09/2004