


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 SEP 30 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058232 1. Entity Name BEACH MOUNTAIN TILE & STONE INC.					
Principal Place of Business 528 BAYVIEW AVENUE OSPREY, FL 34229 US			Mailing Address 528 BAYVIEW AVENUE OSPREY, FL 34229 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PFEIFFER, JOHN 528 BAYVIEW AVENUE OSPREY, FL 34229				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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: <u>X [Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D,P		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	PFEIFFER, JOHN		NAME	Delete <input checked="" type="checkbox"/>	
STREET ADDRESS	528 BAYVIEW AVENUE		STREET ADDRESS	Delete <input checked="" type="checkbox"/>	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	
TITLE	VP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	WEBER, CURTIS		NAME	Delete <input checked="" type="checkbox"/>	
STREET ADDRESS	528 BAYVIEW AVENUE		STREET ADDRESS	Delete <input checked="" type="checkbox"/>	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	
TITLE	S		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	ROBB, RANDY		NAME	Delete <input checked="" type="checkbox"/>	
STREET ADDRESS	528 BAYVIEW AVENUE		STREET ADDRESS	Delete <input checked="" type="checkbox"/>	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	
TITLE			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME	Delete <input checked="" type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS	Delete <input checked="" type="checkbox"/>	
CITY-ST-ZIP			CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	
TITLE			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME	Delete <input checked="" type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS	Delete <input checked="" type="checkbox"/>	
CITY-ST-ZIP			CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>X [Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____					



09262005 REIN-P CR2E098 (6/04)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

RECEIVED
T. ROBB
OCT 03 2005
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10/04/05--01063--007 **150.00