		PLEASE READ A	ALL INST	RUCTI	ONS BEFORE	COMPLETI	NG THIS FORM.	\/	
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							FILED 10V 20 PH 2: 08	110	
DOCUMENT # P04000141743 1. Corporation Name						SEGNETANY OF STATE TALLAHASSEE, FLORIDA			
Beach Computer Services, Inc.									
2. Principal Office Address 55 Avenue E			3. Mailing Office Address P.O. Box 698 Suite, Apt. #, etc.			CR2E081 (12/05)			
Suite, Apt. #, etc. Suite,				не, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 10/13/2004		
Apalachicola, FL			City & State Eastpoint, FL		<u> </u>	5. FE Number 20-2093785 Applied For Not Applicable			
32320 Country Franklin		^{Zip} 32328		Franklin	6. CERTIFICATE OF STATUS DESIDED \$8.75		dditional Fee required ertificate of Status		
7. Name and Address of Current Registered Agent									
	William L. Eaton Street Address (P.O. Box-Number is Not Acceptable) Suite, Apt. #, Etc. City Aplachicola,						State 32320		
8. I, being appointed the registres as a first of the above named corporation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN						obligations of secti	on 607.0505 or 617.0503, F.S. Date 11/15/2006		
9. Names	s and Street A	ddresses of Each Officer and	l/or Director (Flo	rida nonpro	fit corporations must list at	least 3 directors)			
Titles	Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Z	ip		
P/VP/T	William L. Eaton			55 Avenue E		Apalachicola, I	FL 32320		
S	Jody Fitzgerald			405 Coldstream Drive			Tallahassee, FL	32312	
									

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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true application and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William L. Eaton

GN PURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2006

(850) 653-7466

Daytime Phone #

Did met recive 2005 amound report motice. Please wave the reinstatment fee.

> Business Manager for Beach Competer Services Sherry Wintker