2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000051329

Entity Name: BEACHES 2 BEDS, INC.

FILED Oct 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1020 E 15TH STREET 9506 SOUTH RED ROAD HIALEAH, FL 33010 MIAMI, FL 33156

Current Mailing Address: New Mailing Address:

1020 E 15TH STREET 9506 SOUTH RED ROAD HIALEAH, FL 33010 MIAMI, FL 33156

FEI Number: 20-2642331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACCESS CORPORATE SERVICES, INC.

1000 PONCE DE LEON BLVD #121

CORAL GABLES, FL 33134 US

OSTERLEE ACCOUNTANTS, LLC
9506 SOTH RED ROAD
MIAMI, FL 33156 US

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.

SIGNATURE: DOUGLAS OSTERLE 10/10/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete

 Name:
 JONES, WADE

 Address:
 1020 E 15TH STREET

 City-St-Zip:
 HIALEAH, FL 33010

 Title:
 V
 () Delete

 Name:
 THORP, CHRISTOPHER

 Address:
 1020 E 15TH STREET

 City-St-Zip:
 HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 0 (X) Change () Addition

Name: JONES, WADE D Address: 9506 SOUTH RED RED City-St-Zip: MIAMI, FL 33156

Title: O (X) Change () Addition

Name: THORP, CHRISTOPHER
Address: 9506 SOUTH RED ROAD
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WADE JONES O 10/10/2006