

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 17 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000078565

1. Corporation Name

BEACHMARC INC

800163725778

12/17/09--01037--013 **300.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #

220 BUENA VISTA AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

Zip

32413

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2005

5. FEI Number

20-2916237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARCUS M BARNES

Street Address (P.O. Box Number is Not Acceptable)

220 BUENA VISTA AVE

Suite, Apt. #, Etc.

City

PANAMA CITY, FL

State

FL

Zip Code

32413

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Marcus M. Barnes

Date 12/07/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARCUS BARNES	220 BUENA VISTA AVE	PANAMA CITY, FL. 32413

10. E-mail Address: ULLI@MCQUAIDTAX.COM

(To be used for future annual report notification)

11. 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 filing 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Marcus M. Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-09

Date

Daytime Phone #