

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000016368

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** BEACHSIDE APPRAISAL GROUP, INC.

**Current Principal Place of Business:**

364 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

364 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 20-8390558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, ROBERT J  
2016 PALMETTO PT DRIVE  
PONTE VEDRA BEACH, FL 32082 US

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

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:** ROBERT J JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JONES, ROBERT J  
**Address:** 2016 PALMETTO PT DRIVE  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** VP  
**Name:** EBERT, ANDREW J  
**Address:** 220 SHELL BLUFF ROAD  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** T  
**Name:** HEWETT, PHILLIP M  
**Address:** 1331 1ST ST N U-702  
**City-St-Zip:** JACKSONVILLE BCH, FL 32250

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT J JONES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/04/2010

\_\_\_\_\_  
Date