

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 17 AM 10:17

DOCUMENT # P08000041731

1. Corporation Name

JJLG BEACHSIDE, INC.

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

14 CONLEY COURT

Suite, Apt. #, etc.

3. Mailing Office Address

14 CONLEY COURT

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

Zip

32137

Country

US

City & State

PALM COAST, FLORIDA

Zip

32137

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/2008

5. FEI Number

26-2476557

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

JOSEPH ORZA

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

12 CONLEY COURT

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/15/10

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.D.	ORZA, JOSEPH	12 CONLEY COURT	PALM COAST, FL 32137
V.	ORZA, JOSEPH	12 CONLEY COURT	PALM COAST, FL 32137
S.	ORZA, LAURA	12 CONLEY COURT	PALM COAST, FL 32137
T.D.	ORZA, LAURA	12 CONLEY COURT	PALM COAST, FL 32137

**REINSTATEMENT**

09-10

10. E-mail Address: GYSPYGIRL70@MSN.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/15/10

Daytime Phone #