

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

08 DEC 23 AM 10:37

DOCUMENT # P93000062189

1. Corporation Name

Nassau Beach Ventures, Incorporated

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

2892 South 8th Street

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

3. Mailing Office Address

2892 South 8th Street

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 10/1/1993

5. FEI Number

59-3201229

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

Denise R Roberts, CPA, PA

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

Suite, Apt. #, Etc.

2892 South 8th Street

City

Fernandina Beach

State

FL

Zip Code

32034

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

Denise R Roberts

REGISTERED AGENT MUST SIGN

Date

12/17/2008

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	Robert B Scheffer	2892 S. 8th St.	Fernandina Beach, FL 32034
S/T	Denise R Scheffer	2892 S 8th St	Fernandina Beach, FL 32034

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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 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 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 and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Denise R Scheffer*

Denise R Scheffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/2008

Date

904-277-6572

Daytime Phone #