

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 26 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/30/01--01085--003
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DOCUMENT # P94000015946
1. Corporation Name
**BEACHES LOCK & Key of Northwest
FLORIDA, INC.**

2. Principal Office Address
9202 FRONT BEACH RD
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
Panama City Bch, FL
Zip
32407 Country
USA

City & State
SAME
Zip
SAME Country

4. Date Incorporated or Qualified
To Do Business in Florida **2/24/1994**

5. FEI Number
593218538

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
LINDA LANE
Street Address (P.O. Box Number is Not Acceptable)
9202 FRONT BEACH RD
Suite, Apt. #, Etc.

City
Panama City Beach FL State
FL Zip Code
32407

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 **Linda A. Lane**
REGISTERED AGENT MUST SIGN

Date **OCT 24, 2001**

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
VP	LINDA LANE	9202 FRONT Bch Rd	Panama City, Bch FL 32407

REINSTATEMENT 00-01

ML

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 under section 119.07(3)(i), 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: **Linda A. Lane** 10/24/01 8502335625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #