• PLEASE READ	ALL INSTRU	UCTIONS	BEFORE C	OMPLETING THIS FORM.
APPLICATION FLORIDA DEPARTMENT OF STATE				
FOR Sandra B. M				
REINSTATEMENT	TATEMENT Secretary of State DIVISION OF CORPORATIONS			Single Control
DOCUMENT # P 910 0000 21355				
1. Corporation Name Beach Resont Management, Inc.			FILED	
Deach Resolvi Management, Inc.				98 APR 27 PH 12: 25
Principal Place of Business Mailing Address 1445 Bright waters Blud., N. E.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
St. Petersburg, Fl. 33704				LONIDA
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable				Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	elc.		To Do Business in Florida March 1996
City & State City & State				5. FEI Number Applied For P 96000021355 Not Applied by
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Florida)	nonprofit corpora	ions must list at lea	Total Contineate of Status
Title(s) Name of Officers And/or Directors Street Address of Each Officer and/or Director Officer and/or Director City / State / Zip				
1 2		3 (Do NOT Use Post Office Box Numbers) 4		
President Cynthia M. Iskand	er 10	1445 Brightwaters Blvd., NE St. Peters burg 51.		
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				****300.00 ****300.00
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			SIAI EMENI 31-32	
				dec
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent
Name Cyn				thia M. Iskander
·			Street Address (P	Thia M. Iskander Brightwaters Blud., N.E.
Suite, Apt. #			Suite, Apt. #, Etc.	3.3
City Date				State Zip Code
10. I, being appointed me registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent (MILLAND BEGISTERED AGENT MUST SIGN) Date 4/21/98				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)				
12. Incertify 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 his 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 weed 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: grahu Manaw Cynthia M. Ts Kunder 4/21/98 813-827-1344 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tess. Beach Resort Management, Inc.				
		res. Be	ach Resor	rt Manageneut, Inc.

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