

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
FILED

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DOCUMENT # P96000099898

1. Corporation Name

JUST WALKEN THE BEACH, INC.

97AR

97 OCT 31 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2564 ANDREW DRIVE
NAPLES FL 34112

Mailing Address

2564 ANDREW DRIVE
NAPLES FL 34112



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1570 NORTHGATE DR.
NAPLES FL
34105 USA

5. FEI Number

59 3425519

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Carl M. McCann	Same as above	

700002337217--3
-11/04/97--01025--006
****165.00 ****165.00

8. Name and Address of Current Registered Agent

THOMPSON, STUART A
4501 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

CARL M. McCANN

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

1570 NORTHGATE DR.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34105

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

CARL M. McCANN

REGISTERED AGENT MUST SIGN

Date

OCT 28, '97

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. 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

CARL McCANN CARL McCANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97

Date

(941) 262-6500

Daytime Phone #

CR2E040 (8/97)

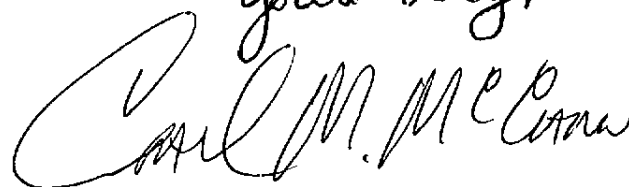
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10-28-97

TO WHOM IT MAY CONCERN,

THIS COMPANY NEVER RECEIVED INFORMATION CONCERNING OUR ANNUAL REPORT DUES OR FEES. WE HAVE ENCLOSED THE \$165⁰⁰ THAT WOULD NORMALLY BE ASKED FOR. WE ARE NEW TO THIS AND HAVE TALKED TO YOU BY PHONE. A SHAWN SAID JUST INCLUDE THE MONEY AND THE REASON AND WE WOULD BE REINSTATED. THANKS

Yours Truly,

A handwritten signature in cursive script that reads "Carl M. McCann". The signature is fluid and stylized, with the first and last names being more prominent than the middle initial.

CARL M. MCCANN

10/28/97