## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	05 1138 15 11111124
DOCUMENT # PANWO 30701	
Beach Building Att Development Coep.	
2. Principal Office Address 3. Mailing Office Address	
2837 retty Bayou TsLand De Som R Suite, Apt. #, etc. Suite, Apt. #, etc.	CR2E081 (12/05)
Suite, Apr. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
Panama Cily FL Panama Cily FC.	5. FEI Number Applied For Not Applicable
32405 Bay 32405 BS.A.	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   Depth   De	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob-	FL 72405
Signature of Registered Agent Date 2.26.06  REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
PM. Chaples B. Deake " 2337 Pathy Bayor	Panano City Fr. 32005
PEXTA Mos Jenide Domaine - 2828 Grades head by - V, eginin Beach, VA. 28450	
Sec. Mes. Caldwormselboro 16 Dahlgen A	ve. Poedemonth, UA.Z370Z
	B270.1/10
REMSTATEMENT OS SON	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  B-2.06(850)319.8048  Daytime Phone #	