

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT -2 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034908

1. Corporation Name

BEACHFRONT ELECTRICAL SERVICES, INC

400023507634  
10/02/03--01019--012 \*\*750.00

2. Principal Office Address

291 20TH AVE NW

3. Mailing Office Address

291 20TH AVE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34120

Country

US

Zip

34120

Country

US

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

4-17-97

5. FEI Number

59-3462873

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

DAVID J. WATSON

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

291 20TH AVE NW

Suite, Apt. #, Etc.

City

NAPLES

State  
FL

Zip Code

34120

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

*David J. Watson*

REGISTERED AGENT MUST SIGN

Date

9-29-03

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
PRES	DAVID J. WATSON	291 20TH AVE NW	NAPLES, FL 34120
SECY	THERESA M. WATSON	291 20TH AVE NW	NAPLES, FL 34120

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)(l), 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:

*Theresa M. Watson* THERESA M.  
WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-03 (239)352-2000

Date

Daytime Phone #

CR2E081 (10/02)

JK 10/2