

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 23 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041354

1. Corporation Name

BEACHES QUILT SHOP, INC.

Principal Place of Business

Mailing Address

226 OCEANFOREST DRIVE NO  
ATLANTIC BEACH FL 32233

226 OCEANFOREST DRIVE NO  
ATLANTIC BEACH FL 32233



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

05/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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
D	NIELSEN, BETH	226 OCEANFRONT DR NO	ATLANTIC BEACH FL 32233
T	NIELSEN, BETH	1918 CREEKSIDE Cir	ATLANTIC BEACH FL 32233
P	SAUCERMAN, JUDY	22 NORBERTA	JACKSONVILLE BEACH FL 32250

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIELSEN, BETH  
226 OCEANFOREST DRIVE NO  
ATLANTIC BEACH FL 32233

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

BETH NIELSEN  
REGISTERED AGENT MUST SIGN

Date 11-18-98

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. 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:

BETH NIELSEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98  
Date

Daytime Phone #

CR25040 (9/98)

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BEACHES QUILT SHOP  
401 S. THIRD STREET  
JACKSONVILLE BEACH FL 32250  
11/18/98

Florida Dept of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 323146327

Gentlemen:

Attached please find our Application for Reinstatement and check in the amount of \$150. Please note that the "principal place of business" address has changed. We formally opened our doors for business on 2/14/98. We had not received the February or May notification which I understand were sent to the old address. We had also mistakenly relied on our accountant to handle matters concerning the corporation and State related correspondence.

We have noted our calendar for February '99 to make the proper payment on a timely basis.

We appreciate your help in this matter.

Sincerely,



Beth Nielsen, Treasurer  
Beaches Quilt Shop