

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 APR 25 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|--|
| DOCUMENT # P97000097991 1. Entity Name BEACH ISLAND IMPORTS, INC. | | |
| Principal Place of Business 53 CAROL DRIVE FREEPORT, FL 32439 | | Mailing Address 405 PINEY POINT ROAD FREEPORT, FL 32439 |
| 2. Principal Place of Business 19226 US Hwy 331S Suite, Apt. #, etc. | 3. Mailing Address 19226 US Hwy 331S Suite, Apt. #, etc. | |
| City & State Freeport, FL | | City & State Freeport, FL 32439 |
| Zip 32439 | Country Walton | Zip 32439 |
| 6. Name and Address of Current Registered Agent CRAIG-PRICE, CHANA M 405 PINEY POINT ROAD FREEPORT, FL 32439 | | 7. Name and Address of New Registered Agent Name: Chana M. Craig-Price Street Address (P.O. Box Number is Not Acceptable): 19226 US Hwy 331 South City: Freeport FL Zip Code: 32439 |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: <u>Chana M. Craig-Price</u> Chana M. Craig-Price 4-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE: VS <input type="checkbox"/> Delete NAME: PRICE, DAVID STREET ADDRESS: 405 PINEY PT. RD. CITY-ST-ZIP: FREEPORT, FL 32439 | TITLE: VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: David Price STREET ADDRESS: 19226 US Hwy 331S. CITY-ST-ZIP: Freeport, FL 32439 | |
| TITLE: PT <input type="checkbox"/> Delete NAME: CRAIG-PRICE, CHANA M STREET ADDRESS: 405 PINEY POINT RD CITY-ST-ZIP: FREEPORT, FL 32439 | TITLE: PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Chana M. Craig-Price STREET ADDRESS: 19226 US Hwy 331S. CITY-ST-ZIP: Freeport, FL 32439 | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 800054212118 CITY-ST-ZIP: 05/10/05--01054--013 ***300.00 | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE: <u>Chana M. Craig-Price</u> | | Date: <u>4-21-05</u> Daytime Phone #: <u>850-835-2090</u> |