

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 29 AM 10:39

DOCUMENT # P98000057013

1. Corporation Name

THE BEACHES GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

294 MAYPORT ROAD #25-C
ATLANTIC BEACH FL 32233

2294 MAYPORT ROAD #25-C
ATLANTIC BEACH FL 32233

07/07/99 90010 030 \$150.00



REINSTATEMENT 1999

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

06/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3522932

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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	4 City / State / Zip
D	HEWITT, GREGORY M	440 911 TIMBERWALK COURT # 911	PONTE VEDRA BEACH FL 32082
D	DASHER, H A	440 911 TIMBERWALK COURT # 911	PONTE VEDRA BEACH FL 32082

400003091034-1
-01/07/00--01003--005
****600.00 ****600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOND, C G ESO
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Name Patricia Wallington
Street Address (P.O. Box Number is Not Acceptable)
2294 Mayport Road
Suite, Apt. #, Etc.
#25A
City Atlantic Beach
State FL Zip Code 32233

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

Patricia Wallington
REGISTERED AGENT MUST SIGN

Date 11-8-99

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #