

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000082141**

1. Corporation Name

BEACHSIDE SEAFOOD & SANDWICH CO, INC.

Principal Place of Business

120 S 3RD ST
JACKSONVILLE BEACH FL 32250

Mailing Address

120 S 3RD ST
JACKSONVILLE BEACH FL 32250



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1998

5. FEI Number

59-3529341

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BARNETT, WILLIAM E JR	120 S 3RD ST	JACKSONVILLE BEACH FL 32250
V	BARNETT, CHRISTINA	120 S THIRD ST	JACKSONVILLE BEACH FL 32250
V	CHAPMAN, JOSEPH	120 S THIRD ST	JACKSONVILLE BEACH FL 32250

700025562187
12/17/03--01058--025 **750.00

8. Name and Address of Current Registered Agent

BARNETT, WILLIAM E JR
120 S 3RD ST
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name

Christina Barnett

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

120 Third St - S.

Suite, Apt. #, Etc.

City

JAX Bch

State

FL

Zip Code

32250

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. or 617.0505, F.S.

Signature of
Registered Agent

Christina Barnett

REGISTERED AGENT MUST SIGN

Date

12-15-03

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:

Christina Barnett Christina Barnett

12-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)