

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 FEB -5 PM 1:10

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98 000083219

1. Corporation Name

Beachside Commons I, Inc.

2. Principal Office Address

401 Centre St. 2nd Fl

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Bch, FL

City & State

Zip

32034

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/98

5. FEI Number

59-3534013

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

Arthur I. Jacobs

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

401 Centre St. 2nd Fl

Suite, Apt. #, Etc.

City

Fernandina Bch

State

FL

Zip Code

32034

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

REGISTERED AGENT MUST SIGN

Date 1/31/01

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
PD	Dexteray L. Scott	5895 Windward Pkwy St 500	Alpharetta, Ga. 30005
VSD	Betty M. Sullivan	5895 Windward Pkwy St 500	Alpharetta, Ga. 30005
D	SAGE Miller, Sherry	1460 Squire Lane	Cummings, Ga. 30041
D	Bart Siegel	311 West End Lane	Knoxville, TN 37919

An

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : JACOBS & PETERS, P.A.
Account Number : I19980000094
Phone : (904) 261-3693
Fax Number : (904) 261-2866

CORPORATION REINSTATEMENT

BEACHSIDE COMMONS I, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00