

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 3:23

DOCUMENT # **PP000003767**

1. Corporation Name

H L L BEACHSIDE INC.

2. Principal Office Address

3. Mailing Office Address

177 So. BAYVIEW BLVD DE.

605 ALBATROSS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

P.H.

City & State

City & State

MERRITT ISLAND FL

MERRITT ISLAND FL

Zip

Country

Zip

Country

32952

USA

32952

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 11, 1999

5. FEI Number

59 3551744

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

ANGELO LOPES

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

605 ALBATROSS ST

Suite, Apt. #, Etc.

P.H.

City

MERRITT ISLAND

State

FL

Zip Code

32952

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-17-00**

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
P/D/M	LAWRENCE HEALY	110 - SUNNY LANE	COCOA BEACH FL 32931
V/S/D	MICHAEL LIVINGSTON	227 - WASHINGTON AVE	CAPE CANAVERAL 32920
V/H/D	ANGELO J LOPES	605 ALBATROSS ST	MERRITT ISLAND FL 32952
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00

Date

7945694 Cell

449-1109 Hm

Daytime Phone #