

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

0001
APPLICATION
FOR
REINSTATEMENT
0002



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

DOCUMENT # P99000041372

1. Corporation Name

THE BEACH REALTY ST. AUGUSTINE INC.

Principal Place of Business

804-D ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

Mailing Address

804-D ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

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

04/29/1999

5. FEI Number

59-3575607

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
DPVT	ARMSTRONG, DARLENE J	328 MONIKA PL	ST. AUGUSTINE FL 32084
S	ARMSTRONG, DARLENE J	328 MONIKA PL	ST. AUGUSTINE FL 32084

900004716629--4
12/18/01-01084-008
****150.00 ****150.00

Oct 15 Ppore to Dept
Sent Dec 10/01. 150

8. Name and Address of Current Registered Agent

HALL, CHARLES E
77 ALMERIA ST.
ST. AUGUSTINE FL 32084

DISCHARGED

9. Name and Address of New Registered Agent

Name DARLENE J ARMSTRONG
Street Address (P.O. Box Number is Not Acceptable) 328 MONIKA PL
Suite, Apt. #, Etc. 328 MONIKA PL
City ST. AUGUSTINE State FL Zip Code 32084

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

Darlene J. Armstrong
REGISTERED AGENT MUST SIGN

Date

Oct 15/01.

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:

Darlene J. Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 15/01.

Date

Daytime Phone #



FILED

01 NOV -7 PM 2:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

102

292

October 15, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern

Based on a conversation had with a gentleman in your office today, I am enclosing a check for \$150.00 for a filing fee for my corporation The Beach Realty St. Augustine Inc. 59-3575607 for the year 2001.

I did not receive a letter from the department asking for the 150 earlier this year. I would have attended to that immediately. Therefore I am respectfully asking that you reinstate the corporation for the \$150.00...I would be most appreciative.

Yours truly,



Darlene J. Armstrong
President
The Beach Realty St. Augustine Inc.

fax 904.824-9988