

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 15 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106024

1. Corporation Name

Beach Area Properties, Inc.

2. Principal Office Address

1502 Stafford Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Zip

32952

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/07/99

5. FEI Number

59-3615466

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

Gregory W. Glass

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

1800 W. Hibiscus Blvd., Suite 138

Suite, Apt. #, Etc.

City

Melbourne

State
FL

Zip Code
32901

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 **05/14/02**

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
D	Frank Morrell	1502 Stafford Avenue	Merritt Island, FL 32952
D	Christine Morrell	1502 Stafford Avenue	Merritt Island, FL 32952

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

Director

05/14/02 321-727-8100

Date

Daytime Phone #

CR2E081 (9/01)

May 14, 2002

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

Re: Beach Area Properties, Inc.
P99000106024

Dear Sir or Madam:

With reference to the above, I have been informed by my attorney that the above corporation has been administratively dissolved. My attorney informed me that the person at the Reinstatement Section confirmed that there was a computer notation that both of the Reports were returned to the Department of State as "undeliverable." As such, the Reinstatement Section stated that if we pay \$300.00, the corporation would be reinstated.

I have enclosed our check payable to your order in the amount of \$300.00, with the request that you kindly reinstate this corporation waiving penalties **as I never received the Uniform Business Reports for 2001.** Please note the correct address for this corporation is **1502** not 1579 Stafford Avenue.

Please contact my attorney, Gregory W. Glass, (321) 727-8100, if you have any questions in this regard. Thank you in advance for your assistance.

Very truly yours,



FRANK MORRELL

Enclosures