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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 18 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22233

1. Corporation Name
Beach Water Sports inc.

REINSTATEMENT 04-05

MRD

2. Principal Office Address	3. Mailing Office Address
17967 SE. Fed. Hwy	17967 S.E Fed. Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta FL	City & State: Tequesta FL
Zip: 33469 Country: US	Zip: 33469 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 5-1-92

5. FEI Number: ~~EIN~~ 60-8012339844-4 ☐ 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: Bret M. Beach

Street Address (P.O. Box Number is Not Acceptable): 17967 SE. Fed. Hwy

Suite, Apt. #, Etc.:

City: Tequesta State: FL Zip Code: 33469

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: B T
REGISTERED AGENT MUST SIGN

Date: 1-11-05

CR2E081 (01/04)

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
pres.	Bret M. Beach	17967 SE. Fed. Hwy	Tequesta FL 33469

900046025219
02/04/05--01037--004 **300.00

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: B T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-11-05

Daytime Phone #: 561 745-6900

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To: Dept of State
(FLORIDA)

I received the notice of dissolution and knew nothing of the change in renewal procedure. I (Best Beach pro. B.W.S. inc) always would receive renewal notice by mail and knew nothing of the online renewal. I was not able to renew on-line over the past few months due to hurricanes in AREA, a lot of my mail was received late, this notice as well. I would please like to renew my corporation.

Beach Water Sports inc
Document # V22233

Thank You
Best Beach
pro.