

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETE

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

05 APR -4 PM 4:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000032501**

1. Corporation Name

**A1A FLORIDA BEACHES REALTY CORP.**

Principal Place of Business

Mailing Address

5413 AIA SOUTH  
 SAINT AUGUSTINE FL 32080-7111

5413 AIA SOUTH  
 SAINT AUGUSTINE FL 32080-7111

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**6401 A1A SOUTH**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**6401 A1A SOUTH**  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **03/30/2001** *MRS*

City & State  
**ST AUGUSTINE, FL**  
 Zip **32080** Country **USA**

City & State  
**ST AUGUSTINE, FL**  
 Zip **32080** Country **USA**

5. FEI Number **59-3718799**  
 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PSTD VD</del>	<del>ANDERSON, ALETA A</del>	<del>5413 AIA SOUTH</del>	<del>SAINT AUGUSTINE FL 32080</del>
<del>VD</del>	<del>FARLEY, EDWARD</del> <i>Delete</i>	<del>5413 AIA SOUTH</del>	<del>SAINT AUGUSTINE FL 32080</del>
<del>PNATD</del>	<del>ANDERSON, ALETA A</del>	<del>5584 N OCEANSHORE</del> <i>BAND</i>	<del>PALM COAST FL 32137</del>
			<b>800051200948</b> 04/19/05--01037--011 **150.00
			<b>800051200948</b> 04/19/05--01037--012 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name **ALETA A. ANDERSON**  
 Street Address (P.O. Box Number is Not Acceptable) **6401 A1A SOUTH**  
 Suite, Apt. #, Etc.  
 City **ST AUGUSTINE** State **FL** Zip Code **32080**

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**3/30/05**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **Aleto A Anderson**

Date

Daytime Phone #

**3/30/05 904 477-2320**

CR2E040 (7/03)