

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 19 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012932

1. Corporation Name

BEACON AUTOCARE, INC.

Principal Place of Business

Mailing Address

8701 NW 13TH TERR.
MIAMI FL 33172

8701 NW 13TH TERR.
MIAMI FL 33172

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/10/1997

5. FEI Number

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
	President DAVID PEREZ.	7308 S.W. 1102ct.	MIAMI, FL 33193.
	Secretary ROSY ALONSO	7308 S.W. 1102ct.	MIAMI, FL 33193
	VICTOR ALVAREZ	8701 N.W. 13th Terr.	MIAMI, FL 33172
REINSTATEMENT			300002699203--9 -12/01/98--01070--005 ****750.00 ****750.00
			11/23/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALVAREZ, VICTOR R
8701 NW 13TH TERR.
MIAMI FL 33172

Name

ROSY ALONSO

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

7308 S.W. 1102ct.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193.

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

SIGNATURE REQUIRED
Rosy Alonso
REGISTERED AGENT MUST SIGN

Date

11-12-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 REQUIRED
Rosy Alonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-98

Date

(305) 388-3860

Daytime Phone #

CR2E040 (9/98)