

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000006922

FILED
Oct 09, 2009
Secretary of State

Entity Name: BUSINESS ECONOMIC ADVISORY MANAGEMENT, INC.

Current Principal Place of Business:

41512 ASPEN STREET
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

41512 ASPEN STREET
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 26-0555947 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIKELL, RANDALL E
41512 ASPEN STREET
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RANDALL E MIKELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLAZE, PAULA
Address: 41512 ASPEN STREET
City-St-Zip: EUSTIS, FL 32736

Title: VD () Delete
Name: GLAZE, RON
Address: 41512 ASPEN STREET
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: MIKELL, RANDALL E
Address: 41512 ASPEN STREET
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA GLAZE

PD

10/09/2009

Electronic Signature of Signing Officer or Director

Date