

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 20 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **227061**

1. Corporation Name

BEACON CONTRACTING GROUP, INCORPORATED

Principal Place of Business

Mailing Address

5905 MACY AVE
P O BOX 8664
JACKSONVILLE FL 32211
US

5905 MACY AVE
P O BOX 8664
JACKSONVILLE FL 32211
US

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

32239-0664

REINSTATEMENT
Date Incorporated or Qualified To Do Business in Florida

08/15/1959

5. FEI Number

59-0881828

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
PTD	MULLINS, ROY L JR	12514 MASTERS RIDGE DR.	JACKSONVILLE FL 32225
VD	MULLINS, MICHAEL D	114 PINE NEEDLE ROAD	STATESBORO GA 30458
VTD	NANCY D MULLINS	1982 SEVILLA BLVD W	ATLANTIC BEACH FL 32233
D	MULLINS, JULIENNE D.	12514 MASTERS RIDGE DR.	JACKSONVILLE FL 32225

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULLINS, ROY L JR
5905 MACY AVE
JACKSONVILLE, FLORIDA FL 32211

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

10-14-03

REGISTERED AGENT MUST SIGN

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

10-14-03

Date

904-743-9770

Daytime Phone #

CR2E040 (7/03)



Beacon Contracting Group, Inc.

Commercial Roof/Wall Systems

October 14, 2003

Division of Corporations, State of Florida
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Beacon Contracting Group, Inc.
Document # 227061

Gentlemen;

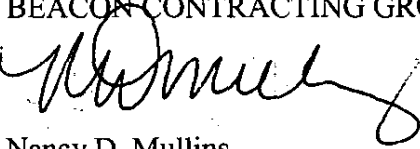
Enclosed please find our signed application for reinstatement.

Our company never received two notices previously. The only address change I made was to the mailing address zip code.

Thank you for your consideration in this matter.

Sincerely,

BEACON CONTRACTING GROUP, INC.


Nancy D. Mullins
Vice President