

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **438159**

1. Corporation Name

**BEGONIA CORPORATION**

Principal Place of Business

6275 N. OCEAN BLVD  
OCEAN RIDGE FL 33435-5211

Mailing Address

6275 N. OCEAN BLVD  
OCEAN RIDGE FL 33435-5211

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

10/15/1973

5. FEI Number

59-1488381

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)

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
PT	SCHWAB, PHILIP B	6275 N. OCEAN BLVD.	OCEAN RIDGE FL 33435
VPS	SCHWAB, MARY L	6275 N. OCEAN BLVD.	OCEAN RIDGE FL 33435

600002090126-4  
-02/18/97--01015--002  
\*\*\*\*915.00 \*\*\*\*915.00

**REINSTATEMENT**

96-97  
2/14/97

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 7105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Philip Schwab  
Street Address (P.O. Box Number is Not Acceptable)  
6275 N. Ocean Blvd.  
Suite, Apt. #, Etc.  
City Ocean Ridge State FL Zip Code 33435

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

*Philip B Schwab*  
REGISTERED AGENT MUST SIGN

Date Oct 28<sup>th</sup> 1996

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Philip B Schwab*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 28, 1996 718-482-7878  
Daytime Phone #