

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

①

DOCUMENT # 687591

1. Corporation Name

BEDFORD ENTERPRISES, INC.

Principal Place of Business

532 BANYAN RD
6880 N OCEAN BLVD. MAISONETTE #0

C/O NALEN

OCEAN RIDGE FL 32485

GULF STREAM FL 33483

Mailing Address

532 BANYAN RD
6880 N OCEAN BLVD. MAISONETTE #0

C/O NALEN

OCEAN RIDGE FL 32485

GULF STREAM, FL 33483



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

2. New Principal Office Address, If Applicable

532 BANYAN RD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

532 BANYAN RD

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1980

5. FEI Number

59-2024038

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

GULF STREAM FL

Zip

33483

Country

USA

City & State

GULF STREAM FL

Zip

33483

Country

USA

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
1	2	3	4
P	NALEN, CRAIG A	6880 N OCEAN BLVD 532 BANYAN RD	OCEAN RIDGE FL 33485 GULF STREAM, FL 33483
S	NALEN, KATHERINE A	6880 N OCEAN BLVD 532 BANYAN RD	OCEAN RIDGE FL 33485 GULF STREAM, FL 33483

3000002354833--9

-11/21/97--01120--009

****165.00 ****165.00

11/20/97

8. Name and Address of Current Registered Agent

NALEN, KATHERINE A

6880 N OCEAN BLVD 532 BANYAN RD

OCEAN RIDGE FL 33485 GULF STREAM, FL 33483

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Katherine A Nalen

REGISTERED AGENT MUST SIGN

Date

11/14/97

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:

C. A. Nalen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG A. NALEN

11/14/97

Date

(561) 236-2887

Daytime Phone #

CR2E040 (8/97)

(2)

. BEDFORD ENTERPRISES, INC
532 BANYAN ROAD
GULF STREAM, FL 33483

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Gentlemen:

In accordance with our recent telephone conversation, I am enclosing the completed Annual Report form for reinstating our corporation (Bedford Enterprises, Inc.). The reason we are late in filing this form is that our address has changed and in spite of several change-of-address notices we have sent you, your office is still sending correspondence to our old address. Consequently, we have not received your earlier notices. (I have marked our new address on the enclosed form).

At your suggestion, we are enclosing payment of \$165 for our Annual Report Fee and we hope you will finally record our new address in your files.

Thank you.

Sincerely yours,

C. A. Nolen
President