

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 # 698611 (1)

1 Corporation Name
BEH INC.

Principal Place of Business

8910 Northwest 21 Ct.
Pembroke Pines, FL
33024

Mailing Address

8910 NW 21 Court
Pembroke Pines, FL
33024

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

2 New Principal Office Address, If Applicable

11282 SW 25th Ct.
Suite, Apt. #, etc

City & State

Davie, FL

Zip

Country

3 New Mailing Office Address, If Applicable

11282 SW 25th Ct.
Suite, Apt. #, etc

City & State

Davie, FL

Zip

Country

33325

33325

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	HILTON, BRUCE E	11282 SW 25th COURT	DAVIE, FL 33325

800002861748--0
-05/04/99--01042--022
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Hilton, Bruce E
11282 SW 25th Court
Davie, FL 33325

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 607.05(5), F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

21 Apr 99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

21 Apr 99

Date

754
382-9450
Daytime Phone #