

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000006133

Entity Name: BLUE BEACON INC.

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

4144 MUNGY RD  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

5800 BEACH BLVD.  
203-60  
JACKSONVILLE, FL 32207

## Current Mailing Address:

5800 BEACH BLVD 203-60  
JACKSONVILLE, FL 32207

## New Mailing Address:

5800 BEACH BLVD.  
203-60  
JACKSONVILLE, FL 32207

FEI Number: 26-0391936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COLLINS, III, THOMAS  
4144 MUNGY RD  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

COLLINS, III, THOMAS  
5800 BEACH BLVD  
203-60  
JACKSONVILLE, FL 32207 US

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: THOMAS COLLINS III

02/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: COLLINS, JR., THOMAS  
Address: 5800 BEACH BLVD 203-60  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VCVP ( ) Delete  
Name: COLLINS, III, THOMAS  
Address: 5800 BEACH BLVD 203-60  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST ( ) Delete  
Name: COLLINS, III, THOMAS  
Address: 5800 BEACH BLVD 203-60  
City-St-Zip: JACKSONVILLE, FL 32207

## 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS COLLINS III

VCVP

02/17/2009

Electronic Signature of Signing Officer or Director

Date