

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC -7 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F09000002737

1. Corporation Name

Beal Service Corporation

2. Principal Office Address - No P.O. Box #

6000 Legacy Drive

3. Mailing Office Address

6000 Legacy Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plano, Texas

City & State

Plano, Texas

Zip

75024

Country

Collin

Zip

75024

Country

Collin

REINSTATEMENT

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

August 27, 2003

5. FEI Number

20-0201320

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

200188463922
12/07/10--01040--003 **758.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Michael
Assistant

Date **11/18/10**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	D. Andrew Beal	6000 Legacy Drive	Plano, Texas 75024
President	Jacob Cherner	6000 Legacy Drive	Plano, Texas 75024
Treasurer	James W. Lewis, Jr.	6000 Legacy Drive	Plano, Texas 75024
Secretary	Stephen Costas	6000 Legacy Drive	Plano, Texas 75024

10. E-mail Address: **licensing@bealservice.com**

(To be used for future annual report notification)

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. I further certify, 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:

Stephen Costas

Stephen Costas

469-467-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12180