

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

98 MAR 19 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Beacon Career Institute, Inc.

Principal Place of Business

Mailing Address

2900 NW 183 St

Miami FL 33056

REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2409548

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 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
Director	Patricia Donawa	4050 SW 139 Ave	Miramar Florida 33027
Director	Kelvin Alexis	4050 SW 139 Ave	Miramar Florida 33027
Director	Paul Dructor	419 NE 19 St #302	Miami Florida 33132
Director	Cynthia Ghany	9630 W. Elm Lane	Miramar Florida 33025
Officer	Roma James	3390 Foxcroft Rd #c-201	Miramar Florida 33025

8. Name and Address of Current Registered Agent

Kelvin Alexis

4050 SW 139 Ave

Miramar Florida 33027

9. Name and Address of New Registered Agent

Name

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

6000 2464138-5

Suite, Apt. #, Etc.

03/20/98-01115-031

***908.75 ***908.75

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

REGISTERED AGENT MUST SIGN

Date 02/10/1998

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.

(305)620-4637

SIGNATURE:

KELVIN ALEXIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/1998

Date

Daytime Phone #

CR2040 (12/96)