1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETIN

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 14, 2003 8:00 A
Secretary of State

DOCUMENT # F98000000080

1. Corporation Name

BECKETT & LARUE, INC.

Principal Place of Business	Mailing Address
1000 COBB PL BLVD BLDG 410 KENNESAW GA 30144	PO BOX 677757 ORLANDO FL 32867

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

REINSTATEMENT 2003

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 01/05/1998

5. FEI Number: 92-0161739 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TS	LARUE, DELBERT S	10800 RIDGECREST DR	ANCHORAGE AK 99516
P	BECKETT, THOMAS L	515 Hardage Trace	Marietta, Georgia 30064
V	SEVY, BARRETT D	1325 CAMERON GLEN DR	MARIETTA GA 30062

FLDOE 1635.24
11/13/03--01023--002 **150.00

8. Name and Address of Current Registered Agent

MARSHALL, RONALD J
1311 ESTATEWOOD DR
BRANDON FL 33510

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

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Ronald J Marshall Ronald J Marshall Date 11-3-03
REGISTERED AGENT MUST SIGN

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 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: Thomas L Beckett Thomas L Beckett 11/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

2052

February 3, 2003
Beckett & LaRue, Inc.
P O Box 677757
Orlando, FL 32867-7757

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Gentlemen:

The two prior uniform business report notices were not received. The addresses on the attached Application for Reinstatement are correct.

We respectfully request that the penalties for late filing be waived.

Sincerely,

Ronald J. Marshall
Registered Agent

Thomas L Beckett
President