

10/13/03 18:33 FAX 4076797020

BECKETT & LARUE

04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION
FOR
REINSTATEMENTFLORIDA 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 30144PO BOX 67757
ORLANDO FL 32867

If above addresses are incorrect in any way, file 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

01/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

92-0161739

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)

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 98516
P.S.	BECKETT, THOMAS L	515 Hardage Trace	Marietta, Georgia 30064
S	SEVY, BARRETT D	1325 CAMERON GLEN DR	MARIETTA GA 30082

700024655247
11/13/03--01Q23--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARSHALL, RONALD J
1311 ESTATEWOOD DR
BRANDON FL 33510

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 807.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

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)(f), 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

Date 11/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

0320340 (7/03)

2052

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

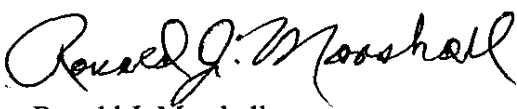
Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

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