PLEASE BEAD ALL INS	TRUCTIONS BEFORE (OMPLETING THIS FORM.		
	DA DEPARTMENT OF STATE			
FOR	Sandra B. Mortham			
REINSTATEMENT	Secretary of State	FILED		
DOCUMENT # J12031		97 JAN -2 AM 11:50		
1. Corporation Name BECK INTERNATIONAL CORPORATION		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
		TALLAHASSEE, FLOR	IDA	
Principal Place of Business Surger Them Malling As 11 72 105 FRANCER BUSINESS SURGER BUSINESS AND				
-1-THERESA CANE -1-THERE	ISA-LANE LE NY 10583			
30/100/	and the second se	- MOTATERAENT	901 1-6-97	
If above addresses are incorrect in any way, line through incorrec 2. New Principal Office Address, if Applicable 3. New M	t information and enter correction beloviation		996 1-6-97	
Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04	/30/1986	
SILIE, ADL #, EC. SILIE, ADL #, EC. City & State		5. FEI Number 65-0308177	Applied For	
FLORDA SCAR	SDALEN.	6587	Not Applicable	
33404 PALMBEACH TOT	3 WEATCHESTER		5 Additional Fee required r a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Name of Officers	Street Address of Each			
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box M			
PD BECK, ALEXANDER	- 1- THERESA LANE P · Bo-K ノンン名	SCARSDALE NY 10583		
D BECK, SHIRLEY - 1-THERESA LANE		SCARSDALE NY 10583		
	POBOX 1228			
D BECK, KENNETH	PO BOX 1228	SCARSDALE NY 10583		
		-01/07/9701113007 *****375.00 ****375.00		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent				
Name		Mane and Address of New Registered A		
CIOFFI, JAMES A. 250 TEQUESTA DRIVE,STE. 200	Street Address (F	Name Street Address (P.O. Box Number is Not Acceptable) Suite Act + Etc		
TEQUESTA FL 33469 Suite, Apt. 4		ite. E		
City		State	Zip Code	
10. I, being appointed the registored agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent		Date	76	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X				
12. I certify that I am an officer or director or the receiver or trustee this reinstatement application, the reason for dissolution has be owed by the corporation have been paid and the names of ind on this application is true and accurate and my signature shall	empowered to execute this application as p en eliminated, the corporate name satisfies viduals listed on this form do not qualify for	the requirements of section 607.0401 or 617.04 an exemption under section 119.07(3)(i), F.S. T • oath.	01, F.S., that all fees	