

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 FEB 27 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42695

1. Corporation Name

Beacon Properties, Inc.

Principal Place of Business

Mailing Address

6917 Timbers Dr.
Evergreen, CO 80439

600002103316--6
-03/04/97-01032--002
*****923.75 *****923.75

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

November 18, 1986

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Kimberly Cheikha	88 Via Candelaria	Coto de Caza, CA 92679
S	Clyde B. Hoelotke, Jr.	6917 Timbers Drive	Evergreen, CO 80439

REINSTATEMENT

90-97

U. Adams
2/24/97

8. Name and Address of Current Registered Agent

Clyde B. Hoelotke, Jr.
12417 Clock Tower Parkway
Bayonet Point, FL 34667

9. Name and Address of New Registered Agent

Name E. L. Garrabrandts, Jr.
Street Address (P.O. Box Number is Not Acceptable)
6008 Main Street
Suite, Apt. #, Etc.
City New Port Richey State FL Zip Code 34653

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0509, F.S.

Signature of
Registered Agent

E. L. Garrabrandts, Jr.

REGISTERED AGENT MUST SIGN

Date 2/25/97

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.

SIGNATURE

Clyde B. Hoelotke, Jr.
Clyde B. Hoelotke, Jr. Secretary

2/24/97 303/674-3542

Date

Daytime Phone #

CP22040 (12/96)