PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## ÁPPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

K01178

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

1. Corporation Name

BEAVER INVESTMENTS OF MARCO, INC.

Principal Place of Business

Mailing Address

% EDWARDS, CURTIS & WARD, P.A. 3055 CARDINAL DRIVE. SUITE 202 VERO BEACH FL 32963

% EDWARDS, CURTIS & WARD, P.A. 3055 CARDINAL DRIVE. SUITE 202 VERO BEACH FL 32963

REINSTATEMENT	$\bigcirc$

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

		g Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     11/09/1987				
Suite, Apt. #, etc. Suite, Apt. #,		, etc.		5. FEI Numbe	5. FEI Number Applie 65-0017932 Not A			
City & State City & State								
Zip	Country	Zip		Country	— 6. CERTIFICATI		5 Additional Fee required ra Certificate of Status	
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	rida nonprofit	corporations must list at	least 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
D	NORTON, MARGARET	7 KELVINWAY DR.			AGINCOURT, ONTARIO			
D	) MCMULLEN, BETTYLU		21 SKYRIDGE COURT			GORMLEY ON		
					. 9	00003493 -12/11/00=1 ****750.00	1692 11031-006 ****750,00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
CURTIS, NED P C/O EDWARDS & CURTIS, P.A. 3055 CARDINAL DRIVE, SUITE 202 VERO BEACH FL 32963  10. I, being appointed the registered agent of the above named corporation, am familiar with				Suite, Apt. #,	ress (P.O. Box Number is Not Acceptable)  #, Etc.    State   Zip Code   FL    the obligations of Section 607.0505, F.S.			
Signature of Registered	of Ninth !	WIR	IRE	QUIREL	<u>)                                    </u>		00	

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR