

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K59807**

1. Corporation Name

Beatec Industries, Inc.

400009529904
12/16/02--01104--008 **900.00

2. Principal Office Address
4509 NW 23RD AVE

3. Mailing Office Address
4509 NW 23RD AVE

Suite, Apt. #, etc.
11

Suite, Apt. #, etc.
11

City & State
GAINESVILLE

City & State
GAINESVILLE

Zip
32606

Country
USA

Zip
32606

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **1/20/1989**

5. FEI Number
59-2925085

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C. T. ALLEN

Street Address (P.O. Box Number is Not Acceptable)
2505 NW 7TH ROAD

Suite, Apt. #, Etc.

City
GAINESVILLE

State
FL

Zip Code
32607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-27-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	J. D. ALLEN	5225 NW 35TH PLACE	GAINESVILLE, FL 32606
D	C. T. ALLEN	2505 NW 7TH ROAD	GAINESVILLE, FL 32607
D	M. M. ALLEN	2505 NW 7TH ROAD	GAINESVILLE, FL 32607

REINSTATEMENT 02

10. 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:

C. Tom Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/02 (352)373-7827

Date

Daytime Phone #

CR2E081 (9/01)