

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV -5 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K61005

1. Corporation Name

BEALE HOLDINGS, INC.

2. Principal Office Address

3 Seahorse Lane

3. Mailing Office Address

3 Seahorse Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach

City & State

Vero Beach

Zip
FL

Country
32960-5213

Zip
FL

Country
32960-5213

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/26/1989

5. FEI Number
650093826

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

BEALE, JOSEPH E., JR.

Street Address (P.O. Box Number is Not Acceptable)

3 Seahorse Lane

Suite, Apt. #, Etc.

City

Vero Beach

State
FL

Zip Code

32960-5213

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**

Joseph E. Beale, Jr.
REGISTERED AGENT MUST SIGN

Date

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
PVSTD	BEALE, JOSEPH E., JR.	3 Seahorse Lane	Vero Beach, FL 32960-5213

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:

Joseph E. Beale, Jr. Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02
Date

772-473-0910
Daytime Phone #

CH2E081 (9/01)

gt 11/12/02