

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 21 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L13480**

1. Corporation Name

NANCY AND BEAU, INC.

600004488436--3
-07/20/01--01102--038
***1200.00 ***1200.00

REINSTATEMENT 98-01

2. Principal Office Address

6235 Highway 98 N
Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip

34972

Country

USA

3. Mailing Office Address

P.O. Box 1972
Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip

34973

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Stephnye Pegram

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

6235 Highway 98 N

Suite, Apt. #, Etc.

City

Okeechobee, Florida 34972

State
FL

Zip Code
34972

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 **5.17.01**

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
P/D	Heath Morgan	3715 Woodsong Court	Dunwoody, GA 30309
VP/D	Kimberly Morgan	743 Dunlap Circle	Winter Springs, FL 32708
Sec/D	Stephnye Pegram	6235 Highway 98 North	Okeechobee, Florida 34972

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.17.01

Date

Daytime Phone #

CR2E081 (9/00)