

2004 FOR PROFIT CORPORATION REINSTATEMENT

04 DEC 28 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
FILED
REMOVED
AND
FILED
DEC 28 AM 11:02

REINSTATEMENT



11222004 REIN-P
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REC 28 AM 11:02
FEC 28 AM 11:02

DOCUMENT # L13480
1. Entity Name
NANCY AND BEAU, INC.



Principal Place of Business
6235 HWY 98 NORTH
OKEECHOBEE, FL 34972 US

Mailing Address
P.O. BOX 1972
OKEECHOBEE, FL 34973

2. Principal Place of Business
8205 NE 120th Street
Suite, Apt. #, etc.
OKEECHOBEE FLORIDA

3. Mailing Address
8205 NE 120th Street
Suite, Apt. #, etc.

City & State
OKEECHOBEE FLORIDA

City & State
OKEECHOBEE FLORIDA

Zip
34972

Country
US

Zip
34972

Country
US

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEGAM, STEPHYNE
6235 HIGHWAY 98 N.
OKEECHOBEE, FL 34972

7. Name and Address of New Registered Agent
Name
PEGAM, STEPHYNE
Street Address (P.O. Box Number is Not Acceptable)
8205 NE 120th Street
City
OKEECHOBEE FL Zip Code
34972

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Stephynne Pegam DATE 12-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, HEATH 3715 WOODSONG COURT DUNWOODY, GA 30309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN HEATH 250 GRAPEVINE RUN DUNWOODY GA 30350 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, KIMBERLY 743 DUNLAP CIRCLE WINTER SPRINGS, FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043671384 12/28/04--01029--016 **750.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEGAM, STEPHYNE 6235 HWY 98 NORTH OKEECHOBEE, FL 34972 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEGAM, STEPHYNE 8205 NE 120th Street OKEECHOBEE FLORIDA 34972 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephynne Pegam DATE 12-15-04 DAYTIME PHONE # 7703291518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR