

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

DOCUMENT # L75504

1. Corporation Name

BEAUCLERC POINTE INC

9047 SAN JOSE BLVD
3616 EMERSON STREET

2. Principal Office Address

9047 SAN JOSE BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

3. Mailing Office Address

3616 EMERSON STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

REINSTATEMENT 02-04

MRS

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/24/1990

5. FEI Number
59-2614741

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
CHARLES A SEARS

Street Address (P.O. Box Number is Not Acceptable)
3616 EMERSON STREET

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32207

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

Date 11/16/2007

REGISTERED AGENT MUST SIGN

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
PDS	JACK T KIESER	2905 SOUTH OCEAN DRIVE	JACKSONVILLE BEACH FL 32250

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11/24/04--01050--004 **1058.75

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

Date

Daytime Phone #