

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000003252

1. Corporation Name

ETHEL BECKFORD MEMORIAL FUND, INC.

2009 MAR 20 A 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900146720359  
03/23/09--01003--005 \*\*735.00  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

10935 SW 141 LANE

Suite, Apt. #, etc.

3. Mailing Office Address

10935 SW 141 LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

DADE

Zip

33176

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/2000

5. FEI Number

NONE

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

HELEN MCGUIRE

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

1340 SE 11th PLACE

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33035

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Helen McGuire*  
REGISTERED AGENT MUST SIGN

Date 3/19/09

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
PD	MARK BECKFORD	10935 SW 141 LANE	MIAMI, FL 33176
VD	GREGORY BECKFORD	10935 SW 141 LANE	MIAMI, FL 33176
TD	FLORENCE BECKFORD	10935 SW 141 LANE	MIAMI, FL 33176
SD	HELEN MCGUIRE	1340 SE 11th PL	HOMESTEAD, FL 33035

REINSTATEMENT

2001-09

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 contained in Chapter 119, 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:

*Mark Beckford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-19-09 786-314-3112

Daytime Phone #