

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 20 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **N02000002968**

CORNERSTONE BEACON GROUP

2. Principal Office Address - No P.O. Box #
1241 Sussex St.

3. Mailing Office Address
1241 Sussex St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boynton Beach, Fl. 33436

City & State
Boynton Beach, Fl. 33436

Zip
33436

Country
U.S.

Zip
33436

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

April 02/02

5. FEI Number
03-0404153

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
Dr. Rex L. Allen

Street Address (P.O. Box Number is Not Acceptable)
1241 Sussex St.

Suite, Apt. #, Etc.

City
Boynton Beach, Fl. 33436

State Zip Code
FL 33436

☒ 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

REGISTERED AGENT MUST SIGN

Date **7/3/07**

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
V.P.	James E. Allen	107 Kimbrook Drive	Greenwood, S.C. 29649
Secretary/Treas.	Emily D. Allen	1241 Sussex St.	Boynton Beach, Fl. 33436
BD. Member	Paul E. Simpson	6851 Imperial Drive	West Palm Beach, Fl. 33411
CEO	Dr. Rex L. Allen	1241 Sussex St.	Boynton Beach, Fl. 33436
REINSTATEMENT 04-07121000106476340 07/20/07-01021-008 **245.00			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/07 **561 775 5540**