

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010229

FILED
Oct 10, 2006
Secretary of State

Entity Name: THE BEACON EXPERIENCE, INC.

Current Principal Place of Business:

C/O JDM PARTNERS, LLC
9800 NW 41ST STREET #270
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

C/O JDM PARTNERS, LLC
9800 NW 41ST STREET #270
MIAMI, FL 33178

New Mailing Address:

FEI Number: 20-2205673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEER, EMERY B
9655 SO DIXIE HWY 3RD FL
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SHEER, EMERY B
2525 PONCE DE LEON BLVD. 5TH FLOOR
CORAL GABLES, FL 33134 US

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.

SIGNATURE: EMERY B. SHEER

10/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, DANY G
Address: C/O 9800 NW 41ST STREET #270
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: LIPMAN, HOWARD
Address: FLORIDA INTERNATIONAL UNIVERSITY
City-St-Zip: MIAMI, FL 33199

Title: D () Delete
Name: MENDEZ, MICHAEL
Address: C/O 9800 NW 41ST STREET #270
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANY G. JOHNSON

D

10/10/2006

Electronic Signature of Signing Officer or Director

Date