

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -8 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000082217

1. Corporation Name
BECCA INC

2. Principal Office Address
7925 NW 12TH STREET

3. Mailing Office Address
7925 NW 12TH STREET

Suite, Apt. #, etc.
SUITE 407

Suite, Apt. #, etc.
SUITE 407

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country
USA

Zip
33126

Country
USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2000

5. FEI Number
65-1037657

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
REBECCA EUCEDA

Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12TH STREET

100038953711
07/09/04--01070--002 **300 00

Suite, Apt. #, Etc.
SUITE 407

City
MIAMI

State
FL

Zip Code
33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0403, F.S.

Signature of
Registered Agent

Date

6/14/04

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
PVST	REBECCA EUCEDA	7925 NW 12TH STREET SUITE 407	MIAMI, FL 33126

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

6/14/04

Daytime Phone #

305 470-7504

CRS001 (01/04)

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BECCA INC
7925 NW 12TH STREET SUITE 407
MIAMI, FL 33126

June 24, 2004

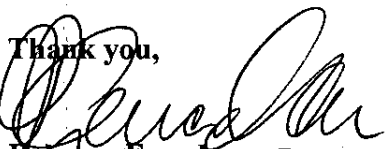
Florida Department of State
Division of Corporations
Tallahassee, FL 32399

Ref: BECCA INC
Doc.# P00000082217

To Whom It May Concern:

We are writing this letter because our Uniform Business Report was never received during 2003. We have enclosed a copy of the 2004 report with a check in the amount of \$300.00 due for the 2003 and 2004 fee. We ask that you please waive the penalty because the report nor a notice was ever received regarding our Corporation. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Thank you,



Rebecca Euceda
President