

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED,
FILED

02 JAN 16 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS



2001 AR
REINSTATEMENT
2002

DOCUMENT # P00000108016

1. Corporation Name

Beyond Services, Inc

2. Principal Office Address

11009 Glenwood Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

Broward

3. Mailing Office Address

11009 Glenwood Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

Broward

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0916035

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

Kayle Wallace

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

11009 Glenwood Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Kayle Wallace

REGISTERED AGENT MUST SIGN

Date

1/15/02

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 |
|--------|-----------------------------------|--|-------------------------|
| P-D | Valerie Johnsonhudson | 11009 Glenwood Drive | Coral Springs, FL 33065 |
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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:

Valerie Johnsonhudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02
Date

955-3377
Daytime Phone #

CR2E081 (9/01)