

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -5 PM 5:13

DOCUMENT # P00000113877

1. Corporation Name

BEEBE & ASSOCIATES CO.

Principal Place of Business

Mailing Address

3081 MARY STREET

3081 MARY STREET

COCONUT GROVE FL 33132

COCONUT GROVE FL 33133

7415 SW 141 Terrace

7415 SW 141 Terrace

MIA FLA 33158

MIA FLA 33158

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7415 SW 141 Terrace

7415 SW 141 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIA FLA

City & State
MIA FLA

Zip
33158

Country

Zip
33158

Country



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2000

5. FEI Number

☒

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BEEBE, PETER D	3081 MARY STREET 7415 SW 141 Terrace	COCONUT GROVE FL 33133 MIA FLA 33158

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET #200

MIAMI BEACH FL 33139

Name

Peter A. Beebe

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

7415 SW 141 Terrace

Suite, Apt. #, Etc.

City

MIA FLA

State

FL

Zip Code

33158

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

06/23-01 AD

11. 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 REQUIRED

Date

Daytime Phone #

10-23-01

305 479 7055