


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: left;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: right;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: center; font-size: 1.2em;">02 MAR 28 PM 12:25</div>																												
DOCUMENT # <u>P01000000447</u>		<div style="font-size: 1.2em;">100005254461--5</div> <div style="font-size: 0.8em;">-04/11/02--01058--031</div> <div style="font-size: 0.8em;">****300.00 ****300.00</div>																												
1. Corporation Name <u>LILLIAN C. BEAUREGARD P.A.</u>																														
2. Principal Office Address <u>725 CAPE CORAL PKWY</u> <small>Suite, Apt. #, etc.</small> <u>CAPE CORAL FL.</u> City & State <u>33914</u> <small>Zip</small> <u>Lee</u> <small>Country</small>	3. Mailing Office Address <u>5254 SUNSET CT</u> <small>Suite, Apt. #, etc.</small> City & State <u>CAPE CORAL FL</u> <small>Zip</small> <u>33904</u> <small>Country</small> <u>Lee</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>1-1-2001</u> 5. FEI Number <u>65-1078657</u> <small>Applied For</small> <small>Not Applicable</small> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>																												
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name <u>LILLIAN BEAUREGARD</u></td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) <u>5254 SUNSET CT.</u></td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td>City <u>CAPE CORAL</u></td><td>State <u>FL</u></td></tr><tr><td colspan="2">Zip Code <u>33904</u></td></tr></table>			Name <u>LILLIAN BEAUREGARD</u>		Street Address (P.O. Box Number is Not Acceptable) <u>5254 SUNSET CT.</u>		Suite, Apt. #, Etc.		City <u>CAPE CORAL</u>	State <u>FL</u>	Zip Code <u>33904</u>																			
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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. <table style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent <u>Lillian C. Beauregard</u> <small>REGISTERED AGENT MUST SIGN</small></td><td style="width: 40%;">Date <u>3-24-2002</u></td></tr></table>			Signature of Registered Agent <u>Lillian C. Beauregard</u> <small>REGISTERED AGENT MUST SIGN</small>	Date <u>3-24-2002</u>																										
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>✓</td><td><u>Lillian C. Beauregard</u></td><td><u>5254 SUNSET CT</u></td><td><u>CAPE CORAL FL 33904</u></td></tr><tr><td></td><td><u>Lillian C. Beauregard</u></td><td><u>5254 SUNSET CT</u></td><td><u>CAPE CORAL FL 33904</u></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	✓	<u>Lillian C. Beauregard</u>	<u>5254 SUNSET CT</u>	<u>CAPE CORAL FL 33904</u>		<u>Lillian C. Beauregard</u>	<u>5254 SUNSET CT</u>	<u>CAPE CORAL FL 33904</u>																
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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.																														
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CR2E081 (8/01)

I am requesting a waiver of fees. I never received my 2001 uniform business report last year or this year.

Thank you

Lillian Beauregard

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