

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000107064

1. Entity Name  
BEAUMONT ENTERPRISES OF MARTIN COUNTY, INC.



FILED

04 OCT 28 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4072 S.W. BIMINI CIRCLE N.  
PALM CITY, FL 34990

Mailing Address  
4072 S.W. BIMINI CIRCLE N.  
PALM CITY, FL 34990

2. Principal Place of Business

3. Mailing Address

906 SW St. Lucie West Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 114

City & State

City & State

Port St. Lucie FL

Zip

Country

Zip

34986

Country

USA



REINSTATEMENT

4. FEI Number

65-1153489

04

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, DONALD L  
7166 S.E. OSPREY STREET  
HOBE SOUND, FL 33455

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BEAUMONT, PETER D  
STREET ADDRESS 4072 S.W. BIMINI CIRCLE N.  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME BEAUMONT, LISA  
STREET ADDRESS 4072 S.W. BIMINI CIRCLE N.  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter D. Beaumont

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER D. BEAUMONT

10/28/04 775 4862487

Date

Daytime Phone #

B