

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoed
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 10:30

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P02000013709**

1. Corporation Name

BEACON MOVERS, INC.

Principal Place of Business
 6383 W. ORANGE LANE
 CRYSTAL RIVER FL 34429

Mailing Address
 6383 W. ORANGE LANE
 CRYSTAL RIVER FL 34429



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/04/2002	
City & State		City & State		5. FEI Number	
				03-0381236	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director.	4 City / State / Zip
P	PIERSON, RANDALL W	6383 W. ORANGE LANE	CRYSTAL RIVER FL 34429
VP	Fain, CURTIS	6369 W ORANGE LANE	CRYSTAL RIVER, FL 34429
secretreas	Pierson, Donna	6383 W ORANGE LANE	CRYSTAL RIVER, FL 34429
			000024055610 10/23/03--01079--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERSON, RANDALL W 6383 W. ORANGE LANE CRYSTAL RIVER FL 34429	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: Randall W Pierson Date: 10/18/03
 REGISTERED AGENT MUST SIGN

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: Randall W Pierson Date: 10/18/03 Daytime Phone #: (352) 795-7103
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLA HASSEE, FL 32314-6327

Dear Sir/Madam:

PLEASE FIND ENCLOSED MY APPLICATION FOR REINSTATEMENT AND MY CHECK IN THE AMOUNT OF \$150.00. Please consider waiving my late fee as I am a new corporation and never received any prior notification of this form.

Thank you for your consideration.

Randall W Pierson

Randall W Pierson, PRESIDENT
BEACON MOVERS, INC
6383 W ORANGE LANE
CRYSTAL RIVER, FL 34429