

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

04 JUL 19 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO 2000039608

**1. Corporation Name**

Beckmeyer and Associates, Inc.

**2. Principal Office Address**

333 Southern Blvd

Suite, Apt. #, etc.

Suite 305

City & State

WAB, FL 33405

Zip

33405

Country

Balm Beach

**3. Mailing Office Address**

333 Southern Blvd

Suite, Apt. #, etc.

Suite 305

City & State

WAB, FL 33405

Zip

33405 Balm Beach

Country

Balm Beach

**REINSTATEMENT**

04-13-04 01/081 021

\$ 600.00

**4. Date Incorporated or Qualified To Do Business in Florida**

April 5, 2002

**5. FEI Number**

32-0006879

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

Tanya Beckmeyer

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

333 Southern Blvd

Suite, Apt. #, Etc.

Suite 305

City

WAB FL 33405

State

FL

Zip Code

33405

**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

Tanya Beckmeyer  
REGISTERED AGENT MUST SIGN

Date

7/17/04

**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
<u>Pres</u>	<u>Tanya Beckmeyer</u>	<u>333 Southern Blvd Ste 305</u>	<u>WAB-FL 33405</u>

**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:

Tanya Beckmeyer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/04

Daytime Phone #

904-644-2589

CR2E081 (9/01)