

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000099633

1. Corporation Name

Beaconlight Management Group Inc.

2. Principal Office Address

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite # 911

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite # 911

City & State

Miami, FL

Zip

33126

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/13/2002

5. FEI Number

54-2075004

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

Luis Marrero

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

5201 Blue Lagoon Drive, Suite # 911

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

*Luis Marrero*

REGISTERED AGENT MUST SIGN

Date

10/8/03

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
VP	Emma Marrero	5201 Blue Lagoon Drive, Suite # 911	Miami, FL 33126

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:

*Luis Marrero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

CR2E061 (10/02)

292



October 8, 2003

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Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

Re: Beaconlight Management Group  
Document #P02000099633

To whom it may concern:

As per your instructions, we are requesting to have the late fees waive and for the Division to accept payment of \$150.00.

The reason for such request is we did not receive any information.

Please do not hesitate to contact our office if you should have any additional questions.

Thanking you in advanced with your cooperation with the above matter.

Sincerely,

A handwritten signature in black ink that reads 'Luis Marrero'.

Luis Marrero  
President

Beaconlight Management Group, Inc 5201 Blue Lagoon Drive, Suite #911, Miami, FL 33126  
Telephone: 305-716-4208 Fax: 305-716-4100 Email: info@beaconlight.us