

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119552

1. Corporation Name

XYZ ENTERPRISE, INC.

Principal Place of Business

Mailing Address

705 BEACHCOMER DRIVE  
LYNN HAVEN FL 32444

705 BEACHCOMER DRIVE  
LYNN HAVEN FL 32444



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State  
LYNN HAVEN, FL

City & State  
LYNN HAVEN, FL

Zip  
32444

Country

Zip  
32444

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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
PSD	BEAUCHEMIN, ALFRED E	<del>705 BEACHCOMER DRIVE</del> 705 BEACHCOMER DRIVE	LYNN HAVEN FL 32444
VTD	BEAUCHEMIN, GEORGIA G	<del>705 BEACHCOMER DRIVE</del> 705 BEACHCOMER DRIVE	LYNN HAVEN FL 32444
			200025173062 12/03/03--01005--008 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEAUCHEMIN, ALFRED E  
~~705 BEACHCOMER DRIVE~~  
LYNN HAVEN FL 32444

Name

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

705 BEACHCOMER DRIVE

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

REGISTERED AGENT MUST SIGN

Date

11/26/2003

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/2003

850-265-3225

CR20040 (7/03)