## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000093997

City-St-Zip:

FORT LAUDERDALE, FL 33310

FILED Nov 03, 2008 Secretary of State

Entity Na	me: BEVERA	GE NETWORK OF MARYLAN	D, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	YTON DRIVE MD 20794				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 100939 FORT LAUDERDALE, FL 33310			1595 NW 1ST CT BOCA RATON, FL 33	1595 NW 1ST CT BOCA RATON, FL 33432	
FEI Number	: 71-0968377	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WILLSON, BARRY H 2 SOUTH UNIVERSITY DR SUITE 220 PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of			,	1595 NW 1ST CT BOCA RATON, FL 33432 US	
	e of Florida.	submits this statement for the p	ourpose or changing its registered	d office of registered agent, or both,	
SIGNATURE: JERRY PEARRING				11/03/2008	
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PEARRING, JE PO BOX 10093		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FARNSWORTH PO BOX 10093	•	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D (X WILLSON, BAF PO BOX 10093		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JERRY PEARRING DIR 11/03/2008