


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000006598 1. Entity Name BECTON ENTERPRISES INC.						FILED 06 SEP 25 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10234 MEADOW CROSSING DR. TAMPA, FL 33647				Mailing Address 10234 MEADOW CROSSING DR. TAMPA, FL 33647			
2. Principal Place of Business 18909 56th St. Suite, Apt. #, etc. #204				3. Mailing Address Suite, Apt. #, etc.			
City & State Temple Terrace, FL.				City & State			
Zip 33617		Country Hillsborough		Zip		Country	
4. FEI Number 331108175				Applied For: <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Offrent Registered Agent CHRISTAL R. BECTON 10234 MEADOW CROSSING DR. TAMPA, FL 33647				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Christal R. Becton</i></u> 9/21/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRE BECTON, CHRISTAL R 10234 MEADOW CROSSING DR. TAMPA, FL 33647 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080146784 09/25/06--01045--008 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECTON, ANTHONY D 10234 MEADOW CROSSING DR. TAMPA, FL 33647 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORR BURTON, AURELIAN E 558 E. HEATHER ST. RIALTO, CA 92376 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/29/26 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Christal R. Becton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/21/06 (813) 927-7067 <small>Date Daytime Phone #</small>			