

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 25 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08000089801**

1. Corporation Name

Beast Athletics

500187052315
10/25/10--01064--008 **750.00

REINSTATEMENT

10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

1766 Ranchwood Drive South

Suite, Apt. #, etc.

3. Mailing Office Address

1766 Ranchwood Dr. S

Suite, Apt. #, etc.

City & State

Dunedin, Florida

Zip

34698

Country

USA

City & State

Dunedin, Florida

Zip

34698

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 2008

5. FEI Number

264201579

☐ 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

Thomas Taylor

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

1766 Ranchwood Dr. South

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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

REGISTERED AGENT MUST SIGN

Date **10/15/10**

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
PD	Thomas Taylor	1766 Ranchwood Drive South	Dunedin / FL / 34698

10. E-mail Address: **beastathletics@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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

10/15/10

Date

Daytime Phone #

727
926 692 2714

10/21/10