

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19438

1. Corporation Name

BEACON MICROWAVE & INSTRUMENTATION, INC.

Principal Place of Business

Mailing Address

5881 GLENRIDGE DR
STE 230
ATLANTA GA 30328
US

5881 GLENRIDGE DR
STE. 230
ATLANTA GA 30328
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1988

5. FEI Number

58-1774619

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FARRELL, MICHAEL J.	610 MARK TRAIL CT	ATLANTA GA
S	PHOEBE L. HILAND <i>Hiland</i>	5881 GLENRIDGE DRIVE, SUITE 230	ATLANTA GA
D	FARRELL, MICHAEL J.	610 MARK TRAIL CT.	ATLANTA GA
D	WILLIAMMEE, JOHN T.	2380 S. RIVER ROAD	MELBOURNE BEACH FL
VP	SMITH, TERRY P.	5881 GLENRIDGE DR., STE. 230	ATLANTA GA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOULE, BRUCE C
289 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

Name

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

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.

Signature of
Registered Agent

Phoebe L. Hiland **REGISTERED AGENT MUST SIGN**

Date *11/18/98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Phoebe L. Hiland **Phoebe L. Hiland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

11-23-98

Date

404 256 9640

Daytime Phone #

APPROVED
AND
FILED

98 NOV 30 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****750.00 *****750.00



REINSTATEMENT

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CR2040 (9/98)