

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 13 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077397

1. Corporation Name

BEACON WOODS PLAZA, INC.

Principal Place of Business

12350-2 US 19
HUDSON FL 34667
US

Mailing Address

P.O. BOX 5745
HUDSON FL 34674

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

REINSTATEMENT

99-α

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1993

5. FEI Number

59-3217161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	SFOUGGATAKIS, NICHOLAS A	1600 GULF BLVD	CLEARWATER FL 33767
VD	SFOUGGATAKIS, MARO	1600 GULF BLVD. #813	CLEARWATER FL 33767

2000003128052--0

02/09/00 01114 006

**** 750.00 **** 750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STAFFORD, LAURIE
13804 MALCOLM AVE.
HUDSON FL 34667

Name

Laurie Stafford

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

13804-Malcolm Ave

Suite, Apt. #, Etc.

City

Hudson

State

FL

Zip Code

34667

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/5/99

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas A. Sfougatakis, President

12/5/99

Date

722 869-9050

Daytime Phone #