

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000018868**

1. Corporation Name

BESCO, INC.

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

6555 TRADE CENTER DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32254

Country

USA

3. Mailing Office Address

6555 TRADE CENTER DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32254

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/1994

5. FEI Number

59-3228626

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

JAMES B. DOWLING

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

6555 TRADE CENTER DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32254

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **3/4/10**

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
P / D	DANIEL J. BOWATER	6555 TRADE CENTER DRIVE	JACKSONVILLE, FL 32254
V / S	JAMES B. DOWLING	6555 TRADE CENTER DRIVE	JACKSONVILLE, FL 32254

10. E-mail Address: **bdowling@bescoinc.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:

JAMES B. DOWLING

3/4/10

904-783-4504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAR 04 2010

FILED

10 MAR -4 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400171253254

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REINSTATEMENT