

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 27 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4680041927**

1. Corporation Name

Beacon Square Development Corporation

W00-5861

Principal Place of Business

Mailing Address

302 Lee Boulevard, Suite 102
Lehigh Acres, Florida 33936

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

2. New Principal Office Address, If Applicable

25 Homestead Road

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11

City & State

Lehigh Acres, Florida 33

City & State

Zip

33936

Country

Zip

Country

REINSTATEMENT

96-00

4. Date Incorporated or Qualified
To Do Business in Florida

6-6-94

5. FEI Number

65-0504215

SP
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	John M. Morgan	302 Lee Boulevard. Ste 102	Lehigh Acres, FL 33936
			8000003195758--4 -04/04/00--01031--013 ***158.75 ***158.75
			8000003195758--4 -04/04/00--01031--014 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

John M. Morgan
302 Lee Boulevard, Ste 102
Lehigh Acres, FL 33936

9. Name and Address of New Registered Agent

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

John M. Morgan

REGISTERED AGENT MUST SIGN

Date 2-25-00

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Morgan

2-25-00

Date

941-368-6644

Daytime Phone #

CR2E031 (1/2/98)