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PLEASE READ A	ALL INSTRUCTIONS FLORIDA TEARTM	BEFORE COMP	LETING THIS FORM.	f)
FOR REINSTATEMENT	Several B. Mo Severally of DIVISION OF CORPO	rman State	FILED	<i>()</i>
DOCUMENT # P9400	00 53391			
1. Corporation Name Be Sou Pr	in trac INC		98 MAR - 6 PM 4: 04	
0 you 17	1179		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address	_		
113 S. John Sine Ptw	Y. SMIZ			
Valpavaiso PL. 32	,510			
If above addresses are incorrect in any way, line thro				
New Principal Office Address. If Applicable New Mailing Office Address, If Suite, Apt. #, etc. Suite, Apt. #, etc.			ncorporated or Qualified to Business in Florida	
City & State City & State		5. FEI	Number Applie	ed For
Zip Country	Zip Count	v 6.	\$8.75 Additional L	pplicable
7. Names and Street Addresses of Each Officer and/o		CEH	for a Certificate of	f Status
Name of Officers Title(s) and/or Directors	Str Of	eet Address of Each ficer and/or Director	City / State / Zip	
		se Post Office Box Numbers)	Cocoand Croekel 3	2011
U.P Sidner Pink	1920 A	10 37 AVE	COCONING CYDENTES	506
Pros Philip Tink 101 Du		ike Dr.	Niceville FL 32.	578
Sec. Livida Perk 10/ j		Duke Du	Niceoffe FL 323	-75
(103-		on it of	111111111111111111111111111111111111111	
			700002454517- -03/12/980100400 ****315.00 ****315	
Name and Address of Current Re		9. Name	e and Address of New Registered Agent	
Philip Pink 101 Dulee Dr.		Name		
10/ Pu (=e DV. Nicevillo PL 32580		Street Address (P.O. Box Number is Not Acceptable)		
MICOUND FF 3X>V		Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the above	e named cornoration, am familiar wi	City	State FL Zip Code	
Signature of Registered Agent REG	SISTERED AGENT MUST SIGN	and accept the obligations of	Date 03/06/98	·· • •
11. This corporation owes or has Intangible Personal Property	s paid the current year 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 receive this reinstatement application, the reason for dissolu owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ition has been eliminated, the corpo imes of individuals listed on this forr	rate name satisfies the require n do not qualify for an exempti	in chapter 607 or 617, F.S. I further commontate their ments of section 607.0401 or 647.0461, F.S., that all on under section 119.07(3)(i), F.S. The information in	filing fees indicated
SIGNATURE: SIGNATURE AND TYPED OR PRINT	PM & Phil TED NAME OF SIGNING OFFICER OR D	IRPCTOR PLAN	03/06/98 890 678 - S Date Daytime Phone #	444