

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



Sandra B. Mortham  
Secretary of State

DEPARTMENT OF REVENUE

DOCUMENT # **BEA's Enterprises**

1. Corporation Name

**International, Inc.**

FILED

09 AUG 28 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**9951 ATLANTIC BLVD.  
JACKSONVILLE FL 32225 Building 4  
Suite 459 JACKSONVILLE, FL 32225**

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

**12/2/94**

5. FEI Number

**59-3285950**

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
<b>VICE PRES.</b>	<b>shereé Bea</b>	<b>11576 Riva Ridge Court</b>	<b>Jacksonville Florida 32218</b>
<b>President</b>	<b>Patrick Bea</b>	<b>11576 Riva Ridge Ct.</b>	<b>Jacksonville, FL 32218</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PATRICK BEA  
11576 RIVA RIDGE CT.  
JACKSONVILLE FLA 32218**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-26-98**

Date

Daytime Phone #

CR2E040 (1/98)

August 27, 1998

Stacy Prather  
Document Specialist  
Florida Department of State  
Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Prather:

I am enclosing the Application For Reinstatement as well as other documentation where I previously requested a change of address.

And at this time I need to change my business address to the following:

9951 Atlantic Blvd., Suite 459, Bldg. 4  
Jacksonville, Florida 32225

If you have any questions or concerns, please do not hesitate to contact me at (904) 757-6480.

Thank You,



Patrick B. Bea