

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000007607

1. Corporation Name

BEACON INVESTMENTS OF DANIA, INC.

2. Principal Office Address

1911 Lincoln Street

Suite, Apt. #, etc.

Apt. #6

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

1911 Lincoln Street

Suite, Apt. #, etc.

Apt. #6

City & State

Hollywood, FL

Zip

33020

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/30/1995

5. FEI Number

65-0700104

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 JUN 28 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/19/02--01058--014

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7. Name and Address of Current Registered Agent

Name

ANDRE BASTIEN

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

1911 Lincoln Street

Suite, Apt. #, Etc.

Apt. #6

City

Hollywood

State
FL

Zip Code
33020

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 6/27/02

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/S T/D	ANDRE BASTIEN	1911 Lincoln Street, #6	Hollywood, FL 33020

10. 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:

ANDRE BASTIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/02 (954) 926-6485

Date

Daytime Phone #

CR2E081 (9/01)