

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

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

FILED

01 JAN 11 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000011578

1. Corporation Name

BEHAN ENTERPRISES, INC.

2. Principal Office Address

3742 SW 7th ST

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34474

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/09/95

5. FEI Number

59-3297325

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

MARY D. BEHAN

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

2522 SW 27th AVE

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Mary D. Behan

REGISTERED AGENT MUST SIGN

Date 12/18/00

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. VP Sec. Treas.	BRIAN BEHAN	5530 NE 2ND LANE	OCALA FL 34470
			3000003590723--4
			-01/29/01--01129--012
			****150.00 ****150.00
			LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/00 352-622-9898

Date

Daytime Phone #

CR2E081 (9/99)



2062

(352) 622-9898

(fax) 622-7171

(e-mail) info@bbgraphics.com

<http://www.bbgraphics.com>

December 18, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

As per two recent conversations with your office, please find enclosed the completed Corporation Reinstatement form together with our check in the amount of \$150.00 to reinstate the same.

We have never been advised of our corporation being dissolved and have never received any statements asking for filing fees. It was only a coincident that we were on the internet and decided to look up our corporation and found that we were dissolved on 9/22/00. We also noticed that the mailing address that is on the computer is incorrect. The correct address is: 3742 SW 7th Street, not 2742 SW 7th Street. We then looked back at tax returns we filed and found that they had the proper address.

In view of this error, we ask that you accept the enclosed check in full payment of reinstatement.

Thank you in advance, and we look forward to your communication.

Sincerely,

Brian M. Behan
President