

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -1 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058178

1. Corporation Name

BECK-DE PRATTER, INC.

Principal Place of Business

Mailing Address

4505 BRENTWOOD AVE.
JACKSONVILLE FL 32206

4505 BRENTWOOD AVE.
JACKSONVILLE FL 32206

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

07/27/1995

5. FEI Number

59-3324543

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	4 City / State / Zip
D	BECK, JOHN R	1601 OCEAN DRIVE S., #803	JACKSONVILLE BEACH FL 32250

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, JOHN MCE. ESQ
615 HIGHWAY A1A, SUITE 101
PONTE VEDRA BEACH FL 32082

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

REGISTERED AGENT MUST SIGN

Date

10/19/99

11. 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 R. Beck

Date

10/19/99 356 251

Daytime Phone #

Gwendolyn E. Gibson
ATTORNEY AT LAW

679 Basswood Street, Jacksonville, Florida 32206
904/356-5700

TO: TO WHOM IT MAY CONCERN

FROM: *Gwendolyn E. Gibson*
Gwendolyn E. Gibson, Esquire

RE: Mail Delivery

DATE: May 24, 1999

This is to let you know that I experienced mail delivery problems with the U. S. Postal Mail since the first of the year. For years this area had regular carriers, but for the last several months we have had a new carriers every other day. This has caused a lot of problems and the area is still without a regular carrier.

WILLIAM DYE INSURANCE AGENCY
OF BRENTWOOD, INC.
4505 BRENTWOOD AVENUE
JACKSONVILLE, FLORIDA 32204

(904) 356-5151

To Whom it may Concern,

On April 28th 1999, I
Personally mailed out the check payable
to Florida Department of State in the
Amount of 150.00 I'm not sure of what
date you guys have received it but I
mailed it before the dead line which was
May 1, 1999.

We've been experiencing several
mail problems since the beging of the year.
And As of today we still are and we
don't have a steady mail carrier as of
yet.

Please except this letter and
reinstate our Company again and I will
see to it that the next time AS SOON AS
we recieve the next letter next year I will
mail it out AT that time instead of waiting
to the deadline. Please call if need more info.

Please see Attached
We had to do this
with Several Companies.
A letter from someone
else who have the
same problem in the area

Thanks
Sharon H. Jaybo
Office Manager


owner