

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR **REINSTATEMENT**

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

DOCUMENT # **P95000094731**

1. Corporation Name
THE BELAND GROUP, INC.

FILED
 00 OCT 24 PM 12:23
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

~~11244 PARK BLVD~~ **BICYCLE OUTFITTERS** ~~212 HOWARD DRIVE~~
 11244 PARK BLVD ~~BELLEAIR BEACH FL 34634~~
 SEMINOLE FL 33772
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable BICYCLE OUTFITTERS Suite, Apt. #, etc. 11244 PARK BLVD City & State SEMINOLE, FL Zip 33772 Country USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 12/14/1995	
				5. FEI Number 59-3352699 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BELAND, GERALD R	212 HOWARD DRIVE	BELLEAIR BEACH FL
STD	BELAND, DIANA D	212 HOWARD DRIVE	BELLEAIR BEACH FL
VD	BELAND, ADAM G	212 HOWARD DRIVE	BELLEAIR BEACH FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BELAND, GERALD R 212 HOWARD DRIVE BELLEAIR BEACH FL 33786		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 *Gerald R. Beland* **SIGNATURE REQUIRED** Date 10-18-00

REGISTERED AGENT MUST SIGN

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: *Gerald R. Beland* **SIGNATURE REQUIRED** **KE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-18-00 Daytime Phone # 727-319-2453

CR20040 (8/00)

BICYCLE OUTFITTERS
11244 Park Blvd
Seminole FL 33772
Ph 727-319-2453

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TO: REINSTATEMENT OFFICER

FM: GERALD R. BELAND
THE BELAND GROUP, INC

SUBJ: CORPORATE REINSTATEMENT
REQUEST

OUR HOME AT 212 HOWARD DR.,
BELLEAIR BEACH, WAS UNDER A
MAJOR RENOVATION AND WE WERE
NOT OCCUPYING THE HOUSE. WE
HAD PEOPLE COLLECTING THE MAIL,
HOWEVER, THE MAIL GOT SEPARATED
AND BOX WAS JUST DISCOVERED WITH
THIS DOCUMENT IN IT. I AM
REQUESTING AN ADDRESS CHANGE SO
THIS WON'T HAPPEN AGAIN. PLEASE,
PLEASE, ACCEPT THIS AS REINSTATEMENT.

THANKING YOU IN ADVANCE,
Gerry Beland