

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 1:19

DOCUMENT # P96000094602

1. Corporation Name

BEAU CHEVAL, Inc.

000004009270--2
-04/16/01--01007--016
****900.00 ****900.00

2. Principal Office Address

2223 LAS CASITAS

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

3. Mailing Office Address

4152 BLUE HERON RD

Suite, Apt. #, etc.

Suite 122

City & State

RIVIERA BEACH, FL

Zip

33404-4859

Country

4. Date Incorporated or Qualified
To Do Business in Florida

NOV-15-1996

5. FEI Number

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

~~MARTIN E. WASHOFISKY, E.A., P.A.~~ David DeWispelaere

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

~~4360 NORTHLAKE BLVD.~~ 2223 Las Casitas Dr.

Suite, Apt. #, Etc.

Suite 205

City

PALM BEACH GARDENS Wellington

State

FL

Zip Code

33410 33414

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 4-4-01

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

Pres. David W. DeWispelaere 2223 LAS CASITAS Wellington, FL 33414

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)(l), 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

David DeWispelaere 2/8/01 561-379-5874

Date

Daytime Phone #

CR2E081 (9/99)