

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000098766

1. Corporation Name

BEAUMONT CREDIT SERVICES, INC.

Principal Place of Business

3271 NORTH STATE ROAD 7  
MARGATE FL 33063

Mailing Address

3271 NORTH STATE ROAD 7  
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

3227 N. ST. RD. 7

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified  
To Do Business In Florida

12/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0716500

Applied For

Not Applicable

City & State  
MARGATE FL.

City & State

Zip 33063 Country USA

Zip Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	WOLIN, JODI A	3271 NORTH STATE ROAD 7	MARGATE FL 33063
		3227 N. ST. RD. 7	SAME
			500002368665--7 -12/10/97--01106--011 ****750.00 ****750.00
			REINSTATEMENT 1997
			A. Alex 12/5/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLIN, JODI A  
3271 NORTH STATE ROAD 7  
MARGATE FL 33063

Name  
SAME JODI WOLIN  
Street Address (P.O. Box Number is Not Acceptable)  
3227 N. ST RD. 7  
Suite, Apt. #, Etc.  
City  
MARGATE  
State  
FL  
Zip Code  
33063

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 10-29-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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

Date

Daytime Phone #

10-29-97

954-  
917-9920

CR25040 (8/97)