### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

# P97000002877

1. Corporation Name

DOCUMENT #

B. E. L. CONSULTANTS, INC.

Principal Place of Business

Mailing Address

13 VIA MARINO PALM COAST FL 32137 13 VIA MARINO

PALM COAST FL 32137

FILED

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SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

|   |   |                     |                      |  | NE  | NOTATE                 |                                  | 03    |
|---|---|---------------------|----------------------|--|---|------------------------|----------------------------------|-------|
| If above addresses are incorrect in any way, line through incorrect informa  2. New Principal Office Address, If Applicable  3. New Mailing Offi  3. New Mailing Offi |   |                     |                      |  | Date Incorporated or Qualified     To Do Business in Florida     01/10/1997 |                        |                                  |       |
|   |   | I ME COAST PHANY NE |                      | 5. FEI Number                                      | 50-3434222  |                        | oplied For                       |       |
| Zip 3 Z   | 137 Country 189/ER                        | Zip 3 2 / 3         | Cou                  | ntry /Ag/ED  | 6.<br>CERTIFICATE   | OF STATUS DESIRED      | \$8.75 Additiona for a Certifica |       |
| 7. Names  | and Street Addresses of Each Officer and/ | or Director (Flo    | rida nonprofit corp  | orations must list at lea                          | ast 3 directors)  |                        |                                  |       |
| Title(s)  | Name of Officers and/or Directors         |                     |                      | Street Address of Each<br>Officer and/or Director  |   | City / State / Zip     |                                  |       |
| P   | P LEMIEUX, BERTRAND E                     |                     | 7 AVENUE SE LA MEN   |  |   | PALM COAST FL 32137    |                                  |       |
|   |   |                     |                      |  | · · · · · · · · · · · · · · · · · · ·                                       | *                      |                                  |       |
|   |   |                     |                      |  |   |                        |                                  |       |
|   |   |                     |                      | <del></del>  | 9C<br>10/17/  | 002390<br>0301054(     | 16739<br>021 **250.              | 00    |
| -   |   |                     |                      |  |   |                        |                                  |       |
|   |   |                     |                      |  |   |                        |                                  |       |
| 8. Name and Address of Current Registered Agent   |   |                     |                      |  | Name and Address of New Registered Agent                                    |                        |                                  |       |
| Name  |   |                     |                      |  |   |                        |                                  | ê     |
| KATZ, B. PAUL ESQ<br>1 FLORIDA PARK DRIVÈ NORTH   |   |                     |                      | Street Address (P.O. Box Number is Not Acceptable) |   |                        |                                  |       |
|   | 110 SUNRISE PLAZA<br>COAST FL 32137       | Suite, Apt. #, Etc. |                      |  |   |                        | {2                               |       |
| PALM  | COAST PL 32137                            | City                |                      |  |   | State Zip Code         |                                  |       |
| 10. I, being<br>Signature of<br>Registered  | Agent                                     | 72                  | pration, am familiar | with and accept the ol                             | bligations of Secti   | on 607.0505, F.S. or 6 | ·                                | . '03 |
|   |   |                     |                      |  |   |                        |                                  |       |

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 filling 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:

## B. E. L. CONSULTANTS, INC. 138 Palm Coast Parkway NE #304 Palm Coast, FL. 32137

October 13, 2003

Division of Corporations Annual Report / Reinstatement Section PO Box 6327 Tallahassee, FL. 32314-6327

Dear Ms. Hood,

We request that you waive the reinstatement fee, and offer the following rational for such request:

B. E. L. Consultants, Inc. is a small consulting company that I operate out of my home. I sold the home at 13 Via Marino in the fall of 2002 and operated out of rented facilities until June of 2003 when I moved into a new home at 7 Avenue de la Mer #604 in Palm Coast. The above postal address was opened in October 2002 to avoid the problems normally associated with relocation.

The Post office did not forward all of the mail to the postal box as directed by the change of address information provided to them. The new owner of 13 Via Marino is a part time resident. The new owner called this week to inform me that he found mail for B.E.L. Consultants in his mailbox, and that he would leave it there for me to pick up, since he was again leaving town. Apparently, this has happened before, since we have not received prior UBR notices.

The completed application for reinstatement form is enclosed along with a check for \$250.00. (\$750 less the reinstatement fee of \$600).

Thank you for your consideration of this request.

Sincerely,

B. E. Lemieux, Pres.

CC: B. Paul Katz, Registered Agent