

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 15 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

BEGLEY ASSOCIATES, INC.

997000035729

600006450226--7
-07/16/02--01055--003
****900.00 ****900.00

2. Principal Office Address

4221 BAYMEADOWS RD

3. Mailing Office Address

4221 BAYMEADOWS RD

Suite, Apt. #, etc.

SUITE # 3

Suite, Apt. #, etc.

SUITE # 3

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32217

Country

DUVAL

Zip

32217

Country

DUVAL

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/97

5. FEI Number

FA-3444113

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

BRIAN J. BEGLEY

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

4221 BAYMEADOWS ROAD

Suite, Apt. #, Etc.

SUITE #3

City

JACKSONVILLE,

State

FL

Zip Code

32217

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/11/02

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
D	BRIAN J. BEGLEY	4221 BAYMEADOWS RD	JACKSONVILLE, FL 32217

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)(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]

BRIAN J. BEGLEY

Date

7/11/02

Daytime Phone #

904-739-4449

CR2E081 (9/01)

7/11/02