

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 MAY -6 AM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052456
1. Corporation Name THE BEECKLER GROUP, INC.

REINSTATEMENT 00-03

4000018304684
05/06/03--01096--016 **1200.00

2. Principal Office Address
9428 BATMEANS RUN
Suite, Apt. #, etc. SUITE 112
City & State JACKSONVILLE FLORIDA
Zip 32256 Country DUVAL

3. Mailing Office Address
9428 BATMEANS RUN
Suite, Apt. #, etc. SUITE 112
City & State JACKSONVILLE FLA
Zip 32256 Country DUVAL

4. Date Incorporated or Qualified To Do Business in Florida 6.13.97

5. FEI Number 59.3454106 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 THOMAS F. BEECKLER
Street Address (P.O. Box Number is Not Acceptable) 9428 BATMEANS RUN
Suite, Apt. #, Etc. SUITE 112
City JACKSONVILLE State FL Zip Code 32256

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 Thomas F. Beeckler Date 4.29.03
REGISTERED AGENT MUST SIGN

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
<u>DIR</u>	<u>THOMAS F. BEECKLER</u>	<u>9428 BATMEANS RUN SUITE 112</u>	<u>JACKSONVILLE FL 32256</u>

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: Thomas F. Beeckler Date 4/29/03 Daytime Phone # 904-737-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)