

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine B. Lewis
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 26 AM 11:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97 0000 88732

1. Corporation Name B.E. Control Inc
 1490 NW

Principal Place of Business Mailing Address
 1490 NW 65 Ave SAME
 Plantation, FL 33313

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

2. New Principal Office Address, If Applicable 100 Ocean Drive Suite Apt. #, etc. #51	3. New Mailing Office Address, If Applicable P.O. Box 2417 Suite Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida Oct. 14, 1997
City & State Key Largo, FL	City & State Key Largo, FL	5. FEI Number 65-0789209
Zip 33037	Country U.S.	6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Earl L. Hauber	100 Ocean Dr #51	Key Largo, FL 33037-7417

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Earl L. Hauber
 P.O. Box 2417 100 Ocean Dr #51
 Key Largo, FL 33037-7417

Name N/A
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 9/8/99

11. This corporation owes 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: Earl L. Hauber 9/8/99 (305) 451-2241
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)