

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # 998000090267

1. Corporation Name

BEAUCEANT, INC.

3975 NW 3RD STREET  
3975 NW 3RD STREET

2. Principal Office Address

3975 NW 3RD STREET

3. Mailing Office Address

3975 NW 3RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

US

Zip

33126

Country

US

**REINSTATEMENT**

03-04  
MRS

900041129279

09/17/04--01079--003 \*\*908.75

4. Date Incorporated or Qualified

To Do Business in Florida 09/30/1998

5. FEI Number

650865891

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

PEDRERO, ANTONIO

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

3975 NW 3RD STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

Date

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
D	CICARE, CHRISTIAN	3975 NW 3RD ST	MIAMI FL 33126
D	PEDRERO, ARMANDO A	3975 NW 3RD ST	MIAMI FL 33126

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:

ARMANDO A. PEDRERO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

27-JUL-04

Daytime Phone #

305-541-5818

CR2E081 (01/04)