PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ._ FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

f State

Jim Smith

DOCUMENT #

1. Corporation Name

Principal Place of Business

VERO BEACH FL 32967

9340 106TH AVE

BEAL & KAT CORPORATION

Mailing Address

9340 106TH AVE VERO BEACH FL 32967 FILED

\$20CT 28 AMII: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



H shows addresses are incoment	h						
		rect information and ente Mailing Office Address, I	t information and enter correction below. ailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 05/19/1999		
		Apt. #, etc. State		5 SEI Number			
				65-0475413		Applied For Not Applicab	
Zip Country	- Zip	Count	ry -	6. CERTIFICATE	OF STATUS DESIRED	68.75 Additional Fee requi	
7. Names and Street Addresses of	Each Officer and/or Director	(Florida nonprofit corpor	ations must list at lea	st 3 directors)			
Title(s) Name of Officers 1 2 and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
D P BEAL, RANDY R	·· ·	9340 106TH AVE		VERO BEACH FL 32967			
D MEGEE, KEN	5907 SW CHER	5907 SW CHEROKEE STREET		PLANT CITY FL 34990			
05 Kathy B	93401	93 40 106th Rue.		vero Beach F1. 32967			
				த் ப 10/28/(JUU86248 1201079009	366 **150.00	
		Access at	A	to all the company of the company			
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
BEAL, RANDY R 9340 106TH.AVE.			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
VERO BEACH FL 32967		Suite, Apt. #, Etc.					
			City		∣ FI	e Zip Code	
10. I, being appointed the registered Signature of Registered Agent	J LGMAKUPA	ρ	th and accept the obl	igations of Section	Date _/ 0 ~ Z \$		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy R. Beal 10-25.02 772.388-8200
Daytime Phone # 11 11/4/03



BEAL & KAT CORPORATION 9340 106th.AVE. VERO BEACH FL.32967 772-388-0200

OCTOBER 25th.2002

RE: ANNUAL REPORT

DEAR FLORIDA DEPARTMENT OF STATE

OUR CORPORATION DID NOT RECEIVE THE LAST TWO REPORTS FROM YOUR OFFICE BECAUSE OF POST OFFICE ERROR. WE HAVE BEEN HAVING PROBLEMS WITH THE POST OFFICE SENDING MAIL TO A PRIOR ADDRESS. A CHANGE OF ADDRESS WAS FILLED OUT SOMETIME AGO.

WE ARE SENDING \$150.00 FF THERE ARE ANY MORE FEES DUE PLEASE CONTACT US.

BEAL & KAT CORPORATION

RANDY BEAL

Rardy R. Beal President