
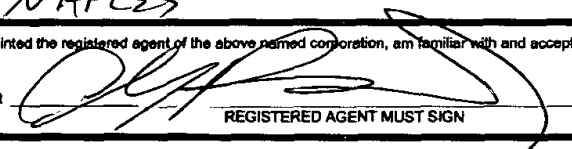
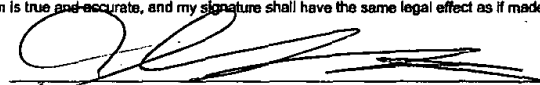


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|--|--------------------|
| DOCUMENT # 933970 | | | |
| 1. Corporation Name BECKWITH FINANCIAL GROUP, INC. | | | |
| 2. Principal Office Address 1044 CASTELLO DRIVE Suite, Apt. #, etc. SUITE 211 City & State NAPLES, FL Zip 34103 Country USA | | 3. Mailing Office Address 1044 CASTELLO DRIVE Suite, Apt. #, etc. SUITE 211 City & State NAPLES, FL Zip 34103 Country USA | |
| 4. Date Incorporated or Qualified To Do Business in Florida 5/22/91 | | 5. Date of Status Desired 12/31/01 | |
| 5. FEI Number 65-0248593 | | Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | |
| Name C. G. BECKWITH JR. | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1044 CASTELLO DRIVE, SUITE 211 | | | |
| City NAPLES | | | |
| State FL | | Zip Code 34103 | |
| 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 12/7/01 | |
| 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 |
| Pres | C. BORHAM BECKWITH JR. | 1044 CASTELLO DRIVE, SUITE 211 | NAPLES, FL 34103 |
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| 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:  | | Date 12/7/01 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 941-434-0909 | |

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TALLAHASSEE FLORIDA

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