

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

533970

1. Corporation Name

BECKWITH FINANCIAL GROUP, INC

FILED

04 FEB -9 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

2. Principal Office Address

28000 SPANISH WELLS BLVD.

3. Mailing Office Address

28000 SPANISH WELLS BLVD.

Suite, Apt. #, etc.

Box 102

Suite, Apt. #, etc.

Box 102

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

Zip

34135

Country

US

Zip

34135

Country

US

500025900295

02/09/04--01055--027 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/91

5. FEI Number

650248593

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

C. G. BECKWITH, JR.

500025900295

12/31/03--01058--017 **900.00

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

28000 SPANISH WELLS BLVD., Box 102

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/20/03

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. G. BECKWITH, JR.	28000 SPANISH WELLS BLVD, BOX 102	BONITA SPRINGS FL 34135

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. G. BECKWITH, JR. PRESIDENT 12/20/03

Date

Daytime Phone #

Ext. 266

239-992-3355