

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 9:11

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S34378

1. Corporation Name

PROFILE INTERNATIONAL PUBLISHING COMPANY

2. Principal Office Address - No P.O. Box #

50 US HIGHWAY # 1

3. Mailing Office Address

50 US HIGHWAY #1

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33477

Country

USA

Zip

33477

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/91

5. FEI Number

65-0248075

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

STANLEY BEAUCHAMP

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

50 US HIGHWAY #1

Suite, Apt. #, Etc.

SUITE 100

City

JUPITER

State

FL

Zip Code

33477

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

12th Sept 07

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	STANLEY BEAUCHAMP	50 US HIGHWAY #1, SUITE 100	JUPITER, FL 33477
D	MARTIN BEAUCHAMP	50 US HIGHWAY #1, SUITE 100	JUPITER, FL 33477
D	BYRON NEAL	50 US HIGHWAY #1, SUITE 100	JUPITER, FL 33477

REINSTATEMENT

06-07

400109597124

09/18/07 01084-014 **300.00

59/09/07

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 contained in Chapter 119, 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

Date

Daytime Phone #

12th Sept 07