

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V27959**

1. Corporation Name

**THE BEEMER COMPANY OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

**4212 INWOOD LANDING DRIVE  
ORLANDO FL 32812**

**4212 INWOOD LANDING DRIVE  
ORLANDO FL 32812**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**5100 CRANES POINT COURT**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**5100 CRANES POINT COURT**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32839**

Country

Zip

**32839**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/10/1992**

5. FEI Number

**59-3118415**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SS 75. A fee of \$100 is required  
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	BEEMER, JAN C.	<b>4212 INWOOD LANDING DR. 5100 CRANES POINT COURT</b>	ORLANDO FL
ST	BEEMER, JAN C.	<b>4212 INWOOD LANDING DR. 5100 CRANES POINT COURT</b>	ORLANDO FL

**600002063356--8**

**-12/07/99--01077--008**

**\*\*\*750.00 \*\*\*750.00**

**LS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SOMMERS, BERNARD D.  
235 G. MATLAND AVENUE  
MATLAND FL 32751**

Name

**Jan Beemer**

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

**5100 Cranes Point Court**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32839**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Jan C. Beemer*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11-17-99**

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 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:

*Jan C. Beemer*

**REQUIRED**

**11-17-99 (403) 850-9250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (8/99)