

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000059363**

1. Corporation Name

**BEACON PROFESSIONAL COMPUTER SERVICES, INC.**

Principal Place of Business

7132 TRYSAIL CIRCLE  
TAMPA FL 33607

Mailing Address

8488 W. HILLSBOROUGH AVE. #105  
TAMPA FL 33615



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

**REINSTATEMENT** *02*

2. New Principal Office Address, If Applicable <b>8490 W. HILLSBOROUGH AVE</b>		3. New Mailing Office Address, If Applicable <b>8490 W. HILLSBOROUGH AVE</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>06/13/2000</b>	
Suite, Apt. #, etc. <b># 105</b>		Suite, Apt. #, etc. <b># 105</b>		5. FEI Number <b>59-3653053</b>	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33615</b>	Country <b>USA</b>	Zip <b>33615</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee 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
D	SCHUEFFLE, WAYNE	<del>7132 TRYSAIL CIRCLE</del>	<del>TAMPA FL 33607</del>
		4880 SAN JUAN AVE, #277	FAIR OAKS CA 95628
			800009317508 12/03/02--01044--018 **758.75
			<i>M/S</i>

8. Name and Address of Current Registered Agent

AMAN, JEFFREY  
14502 N DALE MABRY HIGHWAY  
SUITE 300  
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name **Aman Law Firm**  
Street Address (P.O. Box Number is Not Acceptable)  
**14502 N. Dale Mabry Hwy.**  
Suite, Apt. #, Etc.  
**Suite 300**  
City **Tampa** State **FL** Zip Code **33618**

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN *Pres.*

Date **11/26/02**

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:

*Wayne Schuffele*  
**WAYNE SCHEUFFELE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-21-2002 813.220.6985**

Date

Daytime Phone #

CR2E040 (8/02)