

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 OCT 13 AM 8:00

DOCUMENT # P98000060452

1. Corporation Name
 2 BEE FAIR, INC.

Principal Place of Business Mailing Address
 105 4TH AVENUE NE #412 105 4TH AVENUE NE #412
 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701



REINSTATEMENT 03 Mrs

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/08/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3522441	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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	FERRIS, WILLIAM E	105 4TH AVENUE NE #412	ST PETERSBURG FL 33701

600029765016
 10/13/03-01094-008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUNO, MICHAEL L 600 BYPASS DRIVE SUITE 115 CLEARWATER FL 33764		Name FERRIS WILLIAM E	
		Street Address (P.O. Box Number is Not Acceptable) 105 4th AV NE #412	
		Suite, Apt. #, Etc. #412	
		City ST PETERSBURG	State Zip Code FL 33701

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 William E Ferris Date 10/9/03
 REGISTERED AGENT MUST SIGN

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: William E Ferris (WILLIAM E. FERRIS) 10/9/03 727 821-3329
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

William E. Ferris
105 4th Avenue Northeast, #412
Saint Petersburg, FL 33701-3433

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: 2 Bee Fair, Inc
Document # P98000060452

To Whom It May Concern

This office failed to receive the two prior uniform business reports (UBR) and notices.

Enclosed please find our check in the amount of \$150.00 for "For Profit Corporation".

Sincerely



William E. Ferris

October 09, 2003