

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED
02 OCT 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 517036

1. Corporation Name
"B" HIVE TROPHY, INC.

Principal Place of Business: 1810 N HERCULES AVE, CLEARWATER FL 34625-1117
Mailing Address: 1810 N HERCULES AVE, CLEARWATER FL 34625-1117



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.		10/22/1976	
City & State		City & State		5. FEI Number	
Zip		Country		59-1691089	
				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
TD	PISANI, JAMES P.	1810 N. HERCULES AVE.	CLEARWATER FL 34683
VD	PISANI, ROBERT G.	1810 N. HERCULES AVE.	CLEARWATER FL 60646
PD	PISANI, PAUL F.	1810 N. HERCULES AVE	CLEARWATER FL 34677
			400008626454 10/28/02--01088--001 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PISANI, PAUL F. 1810 N. HERCULES AVENUE CLEARWATER FL 33515		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

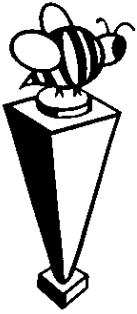
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 10-23-02

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10-23-02 Daytime Phone #

CR2E040 (9/02)



BHIVE
AWARDS & ADVERTISING SPECIALTIES
1810 N. Hercules Ave. Clearwater, FL 33765

727-442-7163
Fax 727-461-5063
Email - bhive@ij.net

PLAQUES • PROMOTIONAL ITEMS • LOGO APPAREL
• Trophies • Signs • Name Badges • Engraving

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


October 23, 2002

To: Division of Corporation

To our knowledge, we did not receive the prior UBR notices. Please note that since our incorporation 25 years ago, we have always filed in a timely manner.

Your consideration is appreciated.

Sincerely,


Paul Pisani
President