


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 24 PM 3: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 628772				
1. Corporation Name FOUR BEE'S OF BROWARD, INC.				
2. Principal Office Address 2716 N. Dixie Highway Suite, Apt. #, etc.		3. Mailing Office Address 2716 N. Dixie Highway Suite, Apt. #, etc.		
City & State Ft. Lauderdale, Fl.		City & State Ft. Lauderdale, Fl.		
Zip 33334	Country Broward	Zip 33334	Country Broward	
		4. Date Incorporated or Qualified To Do Business in Florida 6-18-79		
		5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable		
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name
Morris Lorberbaum

Street Address (P.O. Box Number is Not Acceptable)
2716 North Dixie Highway

Suite, Apt. #, Etc.

City
Fort lauderdale, Florida

State FL **Zip Code** 33334

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 *Morris Lorberbaum* **Date** 3/22/05

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	Morris Lorberbaum	2716 North Dixie Highway	Ft. Lauderdale, Fl. 33334
V.P.	Walter Lorberbaum	2716 North Dixie Highway	Ft. Lauderdale, Fl. 33334
S/T	Roslyn Lorber	2716 North Dixie Highway	Ft. Lauderdale, Fl. 33334

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 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: *Morris Lorberbaum* **Morris Lorberbaum** 3/22/05 054-565-0851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (01/05)