

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732320

1. Corporation Name
BEF, INC.

Principal Place of Business Mailing Address
420 Bay Avenue 420 Bay Avenue
Clearwater, FL 34616 Clearwater, FL 34616

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

Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 04/01/75

5. FEI Number Applied For
23-7439469 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Gerard A. McHale, Jr.	1601 Jackson St., Suite 200	Fort Myers, FL 33901
D	Dennis Velasco	8406 West Gulf Blvd.	Treasure Island, FL 33706
D	James Pike	2999 Teal Lane	Clearwater, FL 33410

8. Name and Address of Current Registered Agent

J. Paul Raymond
400 Cleveland Street
Clearwater, FL 34615

9. Name and Address of New Registered Agent

Name
Gerard A. McHale, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1601 Jackson St., Suite 200
Suite, Apt. #, Etc.
City
Fort Myers
State Zip Code
FL 33901

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 By: Gerard A. McHale, Jr.
REGISTERED AGENT MUST SIGN

Date 7/1/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(ii), 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:

Gerard A. McHale, Jr.
President

Gerard A. McHale, Jr. 3/1/99 (941)337-0808

Date Daytime Phone #

99 MAR -3 PM 4:08

SECRETARY OF STATE
1919 N. W. 25th ST.
TALLAHASSEE, FLORIDA

1062

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CRF2030 (1/88)

2082



ACCOUNT NO. : 072100000032
REFERENCE : 159742 4329479
AUTHORIZATION : *Patricia [signature]*
COST LIMIT : \$ 306.25

ORDER DATE : March 8, 1999
ORDER TIME : 10:0 AM
ORDER NO. : 159742-005
CUSTOMER NO: 4329479
CUSTOMER: Alexandra Jensen, Legal Asst
Baker & Hostetler
200 South Orange Avenue
Suntrust Center Suite 2300
Orlando, FL 32802-0112

DOMESTIC FILINGS

NAME: BEF, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom
EXAMINER'S INITIALS _____