

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
**98AR**  
REINSTATEMENT



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

DOCUMENT # **830650**  
1. Corporation Name  
**HONEY BEE'S OF VIRGINIA, INC.**

Principal Place of Business Mailing Address  
501 S HIGHWAY 27 2545 SO. CRATER RD.  
P.O. BOX 1956  
LAKE WALES FL 33853 PETERSBURG VA 23805-2407  
US



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. 501 S. Highway 27 Suite, Apt. #, etc. P.O. Box 1956  
City & State LAKE WALES, FL 33853 City & State PETERSBURG, VA  
Zip 33853 Country USA Zip 23805 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/13/1973  
5. FEI Number 54-0929480 Applied For 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	SKORDAS, THOMAS K.	2245 B. SO. CRATER RD.	PETERSBURG VA 23805
D	SKORDAS, CHRIS	108 HOLLYBERRY LANE	PRINCE GEORGE VA

8. Name and Address of Current Registered Agent  
WEAVER, JAMES M.  
240 PARK AVENUE  
LAKE WALES FL 33853

9. Name and Address of New Registered Agent  
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ **SIGNATURE REQUIRED** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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)(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: Thomas K. Skordas **SIGNATURE REQUIRED** Date 11/30/98 Daytime Phone # 884 732 9040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2540 (8/98)