PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F99000006017

1. Corporation Name

KILLER BEE BAIT INC. MISSISSIPPI

Principal Place of Business	Mailing Address
1250-A OCEANVIEW MARATHON FL 33050	1250-A OCEANVIEW MARATHON FL 33050

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

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/1999

5. FEI Number: 64-0899159 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee is 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 3	City / State / Zip 4
CP	GUTIERREZ, CLAY	4019 BRANDON JAMES DRIVE	BILOXI MS 39532
VT	GUTIERREZ, BRENT	2508 BRIGHTON CIRCLE	BILOXI MS 39531
DS	GUTIERREZ, ANITA	2508 BRIGHTON CIRCLE	BILOXI MS 39531
DV	GOLLOTT, LARRY	370 BAYVIEW AVE.	BILOXI MS 39530

REINSTATEMENT 02 1 78

8. Name and Address of Current Registered Agent

BOYLL, JAMES T
1250-A OCEANVIEW
MARATHON FL 33050

9. Name and Address of New Registered Agent

Name: JAMES T BOYLL
Street Address (P.O. Box Number is Not Acceptable): 636 11th ST
Suite, Apt. #, Etc.:
City: Marathon State: FL Zip Code: 33050

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: _____ (REGISTERED AGENT MUST SIGN) Date: 11/1/00

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: _____ PRESIDENT 10/20/00 228-435-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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