PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -6 AM 11:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G11255

1 Corporation Name
BRIDAL ELEGANCE BY BEA, INC.

Principal Place of Business	Mailing Address
2401 W. ST.RD.434. ~~#117~~ LONGWOOD FL 32779	2401 W. ST.RD.434. ~~#117~~ LONGWOOD FL 32779

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96 ao

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. SUITE 141	Suite, Apt. #, etc. SUITE 141
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 11/22/1982

5. FEI Number 59-2243184 — 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) 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	HOELLE, BEA	120 GALAHAD LANE	MAITLAND, FL 00000
VP	SHOEMAKER, RENÉE	1890 CHOCTAW TRAIL	MAITLAND, FL 32751
TR	HARPER, ROSLYN	120 GALAHAD LANE	MAITLAND, FL 32751
			600002025226--2
			-12/10/96--01153--010
			****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HOELLE, BEA 120 GALAHAD LANE MAITLAND FL 32751	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 Bea Hoelle SIGNATURE REQUIRED — Date 11/14/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Renee Shoemaker SIGNATURE REQUIRED — 11/14/96 Date — (407) 774-6102 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)

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