

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 23 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 72682

1. Corporation Name

Be's Tea in Town, Inc

2. Principal Office Address

1480 NW 80 Ave

Suite, Apt. #, etc.

#208

City & State

Margate FL

Zip

33063

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT 93-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/23/1985

5. FEI Number

592568300

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John F. O'Donnell

300005451983-7

Street Address (P.O. Box Number is Not Acceptable)

2648 NE 26 Place

-05/06/02--01017--008

***2100.00 ***2100.00

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33306

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

John F. O'Donnell

REGISTERED AGENT MUST SIGN

Date

3/18/02

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
PUTS	Lewis Stone	1480 NW 80 Ave #208	Margate FL 33063

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:

Lewis Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
Date

954-563-9993
Daytime Phone #

CR2E081 (9/01)