

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN 19 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J04665

1. Corporation Name

BEE'S AUTO, INC

2. Principal Office Address - No P.O. Box #

899 Montrose St.

Suite, Apt. #, etc.

City & State

Clermont, Fl.

Zip

34711

Country

USA

3. Mailing Office Address

899 Montrose St.

Suite, Apt. #, etc.

City & State

Clermont, Fl.

Zip

34711

Country

USA

000166587830  
01/19/10--01033--019 \*\*450.00

**REINSTATEMENT 08-10**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/1986

5. FEI Number

592645487

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

WAYNE E. WEATHERBEE

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

% 899 Montrose St.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date Jan 12, 2010

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
PD	WAYNE E, WEATHERBEE	21919 US HWY 27	Leesburg, Fl 34748

10. E-mail Address: BEE'S AUTO, INC @ AOL.COM

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 further certify 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

*Wayne E. Weatherbee*

Jan 12, 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Bureau #