

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 NOV 17 AM 11:32

DOCUMENT # L 99000008277

1. Limited Liability Company's Name

BEE'S BEST NATURAL PRODUCTS, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

2901 S.W. 3rd AVE

Suite, Apt. #, etc.

SUITE 1A

City & State

FT. LAUDERDALE

Zip

33315

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified To Do Business in Florida

11-30-99

6. FEI Number

651020244

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CONRAD, EDWARD C.

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

2901 S.W. 3rd AVE

Suite, Apt. #, Etc.

1A

City

FT. LAUDERDALE

State

FL

Zip Code

33315

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-12-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	EDWARD C. CONRAD	2901 SW 3rd AVE SUITE 1A	FT. LAUDERDALE, FL 33315

REINSTATEMENT 8002-2006

DRB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 11-10-06

Daytime Phone #

954 788 1077

Typed or printed name of signing Managing Member/Manager

EDWARD C. CONRAD