

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 1997 OCT 20 AM 10:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # M21373

1. Corporation Name
BEDAL, INC.

Principal Place of Business 12339 SW 132ND COURT MIAMI FL 33186	Mailing Address 12339 SW 132ND COURT MIAMI FL 33186
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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

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
09/25/1985

5. FEI Number
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	BELLOSO, MARY	9999 NE 2ND AVE #216	MIAMI SHORES FL
VST	BELLOSO, ARTURO	9999 NE 2ND AVE #216	MIAMI SHORES FL
			508882327365-4 -10/22/97--01103--039 ***1080.00 ***1080.00
REINSTATEMENT			<i>05/9/97</i> <i>10/10/97</i>

8. Name and Address of Current Registered Agent

BELLOSO, ARUTURO
 12339 SW. 132 CRT.
 STE. 216
 MIAMI FL 33186

Signature of Registered Agent: *[Signature]*
 REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

Name: **ARTURO BELLOSO**
 Street Address (P.O. Box Number is Not Acceptable): **12339 SW. 132 CT**
 Suite, Apt. #, Etc.:
 City: **MIAMI** State: **FL** Zip Code: **33186**

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.
 Date: **OCT. 13. 97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: *[Signature]* **OCT. 13. 97** (6072327365)

CPRE040 (6/95)