

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 20 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT # **050654**

1. Corporation Name

Keepers of the Hive, Inc.

2. Principal Office Address

211 S. Ocean Dr

Suite, Apt. #, etc.

305

City & State

Hollywood, FL

Zip

33019

Country

US

3. Mailing Office Address

211 S. Ocean Dr

Suite, Apt. #, etc.

305

City & State

Hollywood, FL

Zip

33019

Country

US

900005183499-3

04/02/02-01054-019

****183.75 ****183.75

4. Date Incorporated or Qualified
To Do Business in Florida

8-31-1992

5. FEI Number

65-0276758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Parenti, Anthony

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

211 S. Ocean Dr Apt 305

Suite, Apt. #, Etc.

Apt 305

City

Hollywood, FL US

State

FL

Zip Code

33019

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

Anthony Parenti

REGISTERED AGENT MUST SIGN

Date **3-15-02**

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
P	Parenti, Anthony	211 S. Ocean Dr. ^{Apt 305}	Hollywood, FL 33019 US
D	Parenti, Anthony II	30 Briarwood Dr.	N. Canton, Ct. 06059
D	Parenti, Christopher M.	211 S Ocean Dr Apt 305	Hollywood, FL 33019
D	Rightmyer Rick E.	211 S Ocean Dr Apt 605	Hollywood FL 33019
D	Parenti, Keith	30 Briarwood Dr.	N. Canton, Ct 06059

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:

Anthony Parenti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

954 923,9800

Daytime Phone #

CR2E081 (9/01)

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March 15, 2002

To Whom it May Concern

I am sending this letter
to explain I did not receive
a Business Report in 2000
my Record was returned to
your office.

Thank You
Anthony Parenti