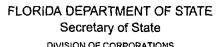
## D ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEA	PLEASE READ					
CORPORATION REINSTATEMENT						
OCUMENT # F Corporation Name	0100011					
Bed and Biscuit In	nns of Ame					
,						



DIVISION OF CORPORATIONS



03 OCT 21 PM 3:18

SECRETARY OF STATE TAIL AHASSEE, FLORIDA

ierica, Inc.

	,							
•	Daytona Ave.	3. Mailing Office Address 408 S. Daytona Ave.		REINSTATEMENT 02-03				
suite, Apt. #, etc.		Suite, Apt. #, etc.						
		C'2-12 C'2-12			4. Date Incorporated or Qualified To Do Business in Florida 12/03/01			
Flagler-Beach,-Florida		City & State -Flagler Beach, Florida		Applied For Not Applicable				
<sup>Zip</sup> 32136	Country	32136 ,	Country US	6. CERTIFICATE	E OF STATUS DESIRED S8.75 Addit	ional Fee required ificate of Status		
7. Name and Address of Current Registered Agent								
	Name Alexandra Maj  Street Address (P.O. Box Number is Not Acceptable) 408 S. Daytona Ave. 500023962375							
	Suite, Apt. #, Etc. 10/21/03 01020 018 **908.75							
	City Flagler Beach				State Zip Code 32136			
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  Date  Date  Date  Date  Discovering the obligations of section 607.0505 or 617.0503, F.S.  Date  Date  Date  Discovering the obligations of section 607.0505 or 617.0503, F.S.								
Titles	Name of Officers and/or Director	rs	Street Address of Each Officer and/or Director		City / State / Zip			
P/T/S/D	Rosemary Williams	4	08 S. Daytona Ave.		Flagler Beach, FL 32136			
			الما الما الما الما الما الما الما الما					
			<del></del>					
					,			
			<del></del>	<del></del>				
	<del></del>	<del></del>	<del></del>	<del></del>				
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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								