

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAR 12 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000000496

1. Corporation Name

BEEROM APIARIES, INC.

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

3908 52ND STREET WEST

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34209

Country

US

3. Mailing Office Address

3908 52ND STREET WEST

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34209

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/2003

5. FET Number

300223134

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

CRISTIAN OSLOBANU

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

3908 52ND STREET WEST

Suite, Apt. #, Etc.

City

BRADENTON, FL

State

FL

Zip Code

34209

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 03/06/13

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	CRISTIAN OSLOBANU	3908 52ND STREET WEST	BRADENTON, FL 34209

10. E-mail Address: BEEROM@verizon.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Cristian Oslobanu

03/06/13

941-720-6025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #