


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P060000968E7		
1. Entity Name BE FIT BE HAPPY INC		

Principal Place of Business 6970 VERSAILLES ST PINELLAS PARK, FL 33781	Mailing Address 6970 VERSAILLES ST PINELLAS PARK, FL 33781
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent ROGER, BEAULIEU J 6970 VERSAILLES ST PINELLAS PARK, FL 33781	
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FILED
2008 NOV -4 AM 9:48
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT

4. FEI Number 20-5248900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Roger J. Beaulieu* DATE 10/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 700137601637	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEAULIEU, ROGER J		NAME 11/04/08--01008--022 **150.00	
STREET ADDRESS 6970 VERSAILLES ST		STREET ADDRESS	
CITY-ST-ZIP PINELLAS PARK, FL 33781		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEAULIEU, LINDA C		NAME	
STREET ADDRESS 6970 VERSAILLES ST		STREET ADDRESS	
CITY-ST-ZIP PINELLAS PARK, FL 33781		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger J. Beaulieu* DATE 10/28/08 727-597-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR