

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000052914

1. Corporation Name

BEE JAY SWEET CORP

2. Principal Office Address

2873 NE 15th St

Suite, Apt. #, etc.

3. Mailing Office Address

6044 E. Rochelle St

Suite, Apt. #, etc.

City & State

Pompano Bch, FL

City & State

Mesa, AZ

Zip

33062

Country

US

Zip

85215

Country

US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003-2004
9/30/04 06 KB
400040811274
09/03/04-01011--004 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/1993

5. FEI Number

65-0430765

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

ROBERT SWEENEY

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

2873 NE 15th St.

Suite, Apt. #, Etc.

City

Pompano Bch

State

FL

Zip Code

33062

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

Robert Sweeny

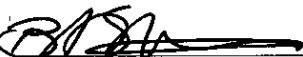
Date

8/30/04

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
Pres.	BRUCE J. SWEENEY	6044 E. Rochelle St	Mesa, AZ 85215

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: 

Bruce J. SWEENEY

8/30/04

602-549-5117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)