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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
2000 UBR

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

DOCUMENT # P94000037936
1. Corporation Name GR-BEA Corporation

2. Principal Office Address 312 South Washington Blvd Suite, Apt. #, etc. City & State Sarasota, FL Zip 34236		3. Mailing Office Address 312 South Washington Blvd Suite, Apt. #, etc. City & State Sarasota, FL Zip 34236	
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4. Date Incorporated or Qualified To Do Business in Florida 05-19-1994

5. FEI Number 650588865 ☒ **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 UCC Filing & Search Services, Inc.		300003491303--S	
Street Address (P.O. Box Number is Not Applicable) 526 East Park Avenue		-12/08/00--01012--025 ****615.00 ****615.00	
Suite, Apt. #, Etc.			
City Tallahassee,	State FL	Zip Code 32301	

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 Ed Hand, President **Date** 11-9-00
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Jacob Gavish	P.O. Box 538	Chappaqua, NY 10514
Secretary	Eyal Rotem	P.O. Box 538	Chappaqua, NY 10514

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Oct 6-00 **Daytime Phone** 914 747 7005

G.R. Bea Corporation

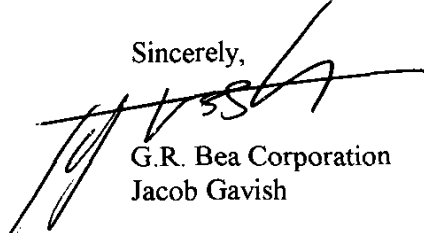
October 8, 2000

To: Florida Department of State
Corporation Reinstatement
Re: G.R. Bea Corporation
Document #: P94000037936

Dear Sir or Madam,

I've submitted a request to reinstate the above corporation. However my registered agent Lewis Carbone never advised me and never forwarded to me the annual report documents. I believe that Mr. Carbone's office is no longer at the registered address and I have no way to contact him. Therefor I ask that the \$600.00 penalty will be waved and I am enclosing a check for the four years annual report fee. I thank you for the consideration.

Sincerely,



G.R. Bea Corporation
Jacob Gavish