

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 APR 13 PM 1:20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P 940000 92476

1. Corporation Name

BEB COMPANIES INC.

Principal Place of Business

Mailing Address

8502 N. FLORIDA AVE.
TAMPA, FL 33604

8502 N. FLORIDA AVE
TPA, FL 33604

200002848532--2
-04/23/99--01007--007
****300.00 ****300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

8502 N. FLORIDA AVE

3. New Mailing Office Address, If Applicable

8502 N. FLORIDA AVE

4. Date Incorporated or Qualified
To Do Business in Florida

1-1985

5. FEI Number

59-3284606

Applied For
Not Applicable

City & State

TAMPA, FL
33604 Hills.

City & State

TAMPA, FL
33604 Hills.

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	WILL T. BUCHANAN	8502 N. FLORIDA AVE TPA, FL 33604	TPA, FL 33604

8. Name and Address of Current Registered Agent

WILL T. BUCHANAN
8502 N. FLORIDA AVE
TPA, FL 33604

9. Name and Address of New Registered Agent

Name
WILL T. BUCHANAN
Street Address (P.O. Box Number is Not Acceptable)
8502 N. FLORIDA AVE
Suite, Apt. #, Etc.
City
TPA
State
FL
Zip Code
33604

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

WILL T. BUCHANAN

REGISTERED AGENT MUST SIGN

Date
4-7-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 612, 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 612.0401, 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)(g), F.S. The information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

WILL T. BUCHANAN WILL T. BUCHANAN 3-18-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed

Mrs. Hymn

②

Please find the enclosed Reinstatement Application. At your request I am writing this cover letter explaining that there was a change of address that was not ~~pre~~ recorded by Tallahassee, even though we changed it properly. I am enclosing a check for \$300.00 which you informed me to do, this will pay last years and this years 150.00 fees. I appreciate all the assistance you have been in taking care of this matter, and getting this corp. back in good standing.

Sincerely
Loel Belk
B & B Companies