

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 10 AM 8:26

DOCUMENT # P95000004891

• Corporation Name

BEA'S ENTERPRISES INTERNATIONAL, INC.

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|--|--|--|--|
| 2. Principal Office Address 10650 HAVERFORD RD Suite, Apt. #, etc. 2 City & State JACKSONVILLE, FL Zip 32218 Country DUVAL | | 3. Mailing Office Address 10650 HAVERFORD RD Suite, Apt. #, etc. 2 City & State JACKSONVILLE, FL Zip 32218 Country DUVAL | |
|--|--|--|--|

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 12/2/1994 | |
| 5. FEI Number 59-328-5950 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | |
|--|---|
| Name PATRICK BERRY BEA | |
| Street Address (P.O. Box Number is Not Acceptable) 10650 HAVERFORD ROAD | |
| Suite, Apt. #, Etc. 2 | |
| City JACKSONVILLE | State FL |
| Zip Code 32218 | 700020759387 06/10/03--01067--001 **450.00 |

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 Patrick Berry Beas Date 6-6-03
REGISTERED AGENT MUST SIGN

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 | PATRICK B. BEA | 11576 RIVA RIDGE CT | JACKSONVILLE, FL 32218 |
| V | SHERE'E M. BEA | 11576 RIVA RIDGE CT | JACKSONVILLE, FL 32218 |
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0. 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)(l), 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:

Patrick Berry Beas

6-6-03

904-757-3334