

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 24 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000073986**

1. Corporation Name
BIMI-TEE TOP COMPANY

Principal Place of Business	Mailing Address
18311 JORENE RD ODESSA FL 33556 US	18311 JORENE RD ODESSA FL 33556 US

5-5-03 91767 007 150

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/25/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3468866	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	4 City / State / Zip
D	LARSON, DANIEL JAMES	4708 KEMBLE CT	TAMPA FL 33624
TS	MORTON, RICHARD A.	18311 JORENE RD	ODESSA FL 33556

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
MORTON, RICHARD A. 18311 JORENE RD ODESSA FL 33556		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State	Zip Code	
		FL			

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. or 617.0505, F.S.

Signature of Registered Agent Date October 16, 2003

REGISTERED AGENT MUST SIGN

11. 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: **Richard A. Morton** Secretary Date October 16, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)