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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 10 PM 4:00

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DOCUMENT # P98000012996

1. Corporation Name

Beane Brothers of Florida, Inc.

2. Principal Office Address	3. Mailing Office Address
5901 Tampa Shores Blvd., Tampa FL 33615	5901 Tampa Shores Blvd. Tampa, FL 33615
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL 33	City & State: Tampa, FL
Zip: 33615 Country: Hillsbrough	Zip: 33615 Country: Hillsbrough

4. Date Incorporated or Qualified To Do Business in Florida: 2-2-98

5. FEI Number: 59-3490095 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: Nancy Renée Calvin

Street Address (P.O. Box Number is Not Acceptable): 5901 Tampa Shores Blvd.

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33615

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: Nancy R. Calvin — REGISTERED AGENT MUST SIGN — Date: 12-7-01

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
Pres.	Nancy R. Calvin	5901 Tampa Shores Blvd	Tampa, FL 33615
V.P	Robert Beane	3003 S. Atlantic Ave 2A2	Daytona Beach Shores, FL 32118

AD

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: Nancy R. Calvin Nancy R. Calvin 12-7-01 727-423-6649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXCEL DELIVERY SERVICE OF ST. PETE
5901 Tampa Shores Blvd.
Tampa, FL 33615
Phone (813) 854-4032
Cell (727) 423-6649

December 7, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please except this letter of explanation for my lateness in Corporation payment. My address change and I never received the notices.

Thank you in advance for your help in this matter. Enclosed you will find a $150.00 reinstatement check. If you require any further information and/or documentation please contact me at the above and address.

Sincerely,

Nancy R. Calvin

Nancy R. Calvin
President