

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV -3 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037899

1. Corporation Name

B & E MANUFACTURING, INC.

Principal Place of Business

Mailing Address

689 N.W. 161ST AVENUE
PEMBROKE PINES FL 33028

689 N.W. 161ST AVENUE
PEMBROKE PINES FL 33028

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

2. New Principal Office Address, If Applicable

9949 NW 89 AV.

Suite, Apt. #, etc.

Bay #12.

City & State

MEDLEY FLORIDA

Zip

33178

Country

USA

3. New Mailing Office Address, If Applicable

9949 NW 89 AV.

Suite, Apt. #, etc.

Bay #12

City & State

MEDLEY FLORIDA

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1998

5. FEI Number

650829001

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GALVEZ, BORIS	689 N.W. 161ST AVENUE	PEMBROKE PINES FL 33028
WFO	GALVEZ, ELVIRA	689 N.W. 161ST AVENUE	PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALVEZ, ELVIRA
689 N.W. 161ST AVENUE
PEMBROKE PINES FL 33028

Name

BORIS GALVEZ.

Street Address (P.O. Box Number is Not Acceptable)

9949 NW 89 AV.

Suite, Apt. #, Etc.

Bay #12

City

MEDLEY

State

FL

Zip Code

33178.

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/99

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:

[Signature]

BORIS GALVEZ 10/25/99 305-883-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR23040 (8/99)

B & E Manufacturing Inc.



9949 NW 89 Avenue. Bay # 12 ♦ Medley, Florida 33178
Phone 305-883-2040

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October 25, 1999

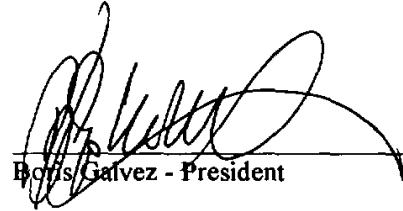
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

As per my conversation with Ms Michelle Mulligan I am sending reinstatement form with changes to be filed, also included herein, please find copy of check sent to you on August 20, 1999 which has been paid and it appears on your records as confirmed by Ms Mulligan.

Thank you for your prompt attention to this matter.

Sincerely,



Boris Galvez - President