

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 13 AM 8:00

DOCUMENT # P98000060452

1. Corporation Name

2 BEE FAIR, INC.

Principal Place of Business

105 4TH AVENUE NE #412  
ST PETERSBURG FL 33701

Mailing Address

105 4TH AVENUE NE #412  
ST PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1998

5. FEI Number

59-3522441

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FERRIS, WILLIAM E	105 4TH AVENUE NE #412	ST PETERSBURG FL 33701

600023765016  
10/13/03-01094-008 \*\*150.00

8. Name and Address of Current Registered Agent

BRUNO, MICHAEL L  
600 BYPASS DRIVE SUITE 115  
CLEARWATER FL 33764

9. Name and Address of New Registered Agent

Name

FERRIS WILLIAM E

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

105 4TH AVENUE NE #412

Suite, Apt. #, Etc.

#412

City

ST PETERSBURG

State

FL

Zip Code

33701

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

WILLIAM E. FERRIS

REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

WILLIAM E. FERRIS WILLIAM E. FERRIS 10/9/03 727 821-3329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

William E. Ferris  
105 4th Avenue Northeast, #412  
Saint Petersburg, FL 33701-3433

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

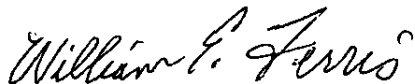
Re: 2 Bee Fair, Inc  
Document # P98000060452

To Whom It May Concern

This office failed to receive the two prior uniform business reports (UBR) and notices.

Enclosed please find our check in the amount of \$150.00 for "For Profit Corporation".

Sincerely

A handwritten signature in cursive script that reads "William E. Ferris".

William E. Ferris

October 09, 2003