13/82

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							a services			
DOCUMENT # P98000087078							* *			
1. Entity Name						ål (	9 PM 3: 05			
BH INTERNATIONAL, INC.						#05 OEC		· -		
Principal Plac	e of Business		Mailing Address	•		<b>-</b> [514	: LORIE	ΑĨ		
5835 COVEN		•	5835 COVENTRY DRIVE			ALLI-III.	, [_0,0]	ুল্ম ল্ <u>লে</u> ল	1)5	
TAMPA, FL 33615			TAMPA, FL 33615			The suite	) 是一个是一个	<u> ل ل</u> الات ال		
							!B  \$     <b> \$</b>        <b> \$ </b>       <b> </b>        <b> </b>	1111 (1111 (1111 (1111 (1111 (1111 (		
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				REIN-P	CR2E098 (6/0	4)	
City & Stat	e		City & State			4. FEI Numbe 59-3535			Applied For Not Applicable	
Zip		Country	Zip	Country			of Status Desired	□ \$8.75 / Fee Requ		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
HENEY, ROBERT					Street Address (P.O. Box Number is Not Acceptable)					
5835 COVENTRY DR TAMPA, FL 33615					Street Addres	is (P.O. Box Numbe	r is Not Acceptable	ste .	201	
					City	TAMPA	, , , , , , , , , , , , , , , , , , , ,	FL Zip.S.	2621	
			for the purpose of changing its	ed office or regis			rida. I am familiar wi	th, and accept		
the obligations of registered agent.										
SIGNATURE									-05	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00										
10.		OFFICEDS AND	D DIRECTORS	11.		ADDITIONS (	CHANGES TO OFFI	CERS AND DIRECTO	DC IN 11	
TITLE	OFFICERS AND DIRECTORS 11				<u> </u>	ADDITIONS/	SHANGES TO OFFI	Chang		
NAME	HENEY, ROBERT J				i i				_	
STREET ADDRESS CITY-ST-ZIP	TAMPA, F	/ENTRY DRIVE		STREET ADDRESS City-St-Zip						
TITLE	VP Delete III							☐ Chang	e Addition	
NAME	HENEY, HELEN M			NAM	i i	E=	oonen	_		
STREET ADDRESS CITY+ST-ZIP	TAMPA, F	/ENTRY DR FL 33615		STREET AODRESS CITY-ST-ZIP		1071	1/050100	475395 8002 **1	50.00	
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CITY-ST-ZIP				CITY	-ST-ZIP					
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CITY-ST-ZIP			_	-	-ST-ZIP					
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TITLE			☐ Delete	TITLE	l l			☐ Chang	e 🗌 Addition	
NAME STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZiP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
$\mathcal{P}_{\mathcal{A}}$										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR Date Daylime Phone #										

15202

BH International, Inc. 5835 Coventry Drive Tampa, FL 33615

To Whom it May Concern,

I have remitted \$150.00 because I didn't receive the original/second notice annual report. I'm requesting that you accept my original payment of \$150.00 and that you wave all additional penalties. My error was not due to wilfull neglect, but rather that of a simple error in delivery. Thanks.

Robert J. Heney, Pres. BH International, Inc.