

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # 125652

99 SEP 30 AM 11:04

1 Corporation Name

BELLEAIR 26 CORP.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 3697 42ND WAY SO. STE 60K ST. PETERSBURG, FL 33711 USA
 Mailing Address: 3302 AZEELE STREET TAMPA, FLORIDA 33609

REINSTATEMENT 98-99

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.		3302 AZEELE STREET		03/31/1992 SP	
City & State		City & State		5. FEI Number	
TAMPA, FLORIDA		TAMPA, FLORIDA		59-3125018	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
33609		USA		<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> Not Applicable	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BOUCHARD, PIERRE	208 MARIE VICTORIN	VERCHERES (QUEBEC) JOL 2R0
			100003006561 --E1 -10/05/99--01115--011 ****900.00 ****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VINCENT E. WALSH 3302 AZEELE STREET TAMPA, FLORIDA 33609		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.
 Signature of Registered Agent: *Samuel J. Wall* Date: 9/12/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Gene Boerhaud* Date: 9/23/99 Daytime Phone #: 480-583-6812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E06 (12/98)