

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 24 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51886

1. Corporation Name
BEE-JAY'S WORLD, INC.

Principal Place of Business
8384 SW 56 ST
MIAMI FL 33165
US

Mailing Address
8384 SW 56 ST
MIAMI FL 33165
US



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 07/20/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0345951	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 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
V	BAHM, ALAN	18940 S W 358TH ST	FLORIDA CITY FL
PS	PSID- Betty Henderson	7830 CAMINO REAL, K-302 18940 S.W. 358th St.	MIAMI FL Florida City, FL
S	HENDERSON, JV	5419 DESOTO PKWY	SARASOTA FL
V	BAHAM, VICTORIA	18940 S.W. 358TH STREET	FLORIDA CITY FL

REINSTATEMENT

97/11/24/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENDERSON, BETTY
7830 CAMINO REAL
K-302
MIAMI FL 33143

Name	200002358352--7		
Street Address (P.O. Box Number is Not Accepted)	11726/97--01092--023		
Suite, Apt. #, Etc.	****750.00 ****750.00		
City	State FL	Zip Code	

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 *Betty Henderson*

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/97 (305) 595-8686

CR2E040 (8/97)