	PLEASE	READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMEN Sandra B. Mort Secretary of S DIVISION OF CORPOR		rtham State	OMPLETING THIS FORM, HUYEL AND FILED 98 NOV 30 AM IO: 31				
DOCUMENT # V51886						SECRETARY -			
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
BEE-JAY'S WORLD, INC.								- ONIDA	
Principal Place of Business Mailing Address									
9364 SW 56 ST MIAMI FL 33165 US			9364 SW 56 ST MIAMI FL 33165 US						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						REINS	TATFMENT	98	
New Principal Office Address, If Applicable			3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/20/1992			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEi Number Applied For			
City & State			City & State			65-0345951 Not Applicable			
Zip	Country		Zip	Count	ry		OF STATUS DESIRED 6	Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each									
Title(s)	and/or Directors			l o	fficer and/or Director se Post Office Box Nu	City / State / Zip			
٧	BAHM, ALAN			18940 S W 358	TH ST	FLORIDA CITY FL			
PS	HENDERSON, BETTY			18940 SW 358TH ST			FLORIDA CITY FL		
s	HENDERSON, J.V.			5419 DESOTO PKWY			SARAGOTATI		
V	BAHAM, VICTORIA			18940 S.W. 358TH STREET			FLORIDA CITY FL 400002702384-1 -12/03/98-01098-017 *****750.00 *****750.00		
					10/12/3				
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
HENDERSON, BETTY 7830 CAMINO REAL K-302 MIAMI FL 33143					Street Address (P	5. W. 35	umber is Not Acceptable) 358th St. State Zip Code FL 33034		
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 of Registered Agent ### Date Date									
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 filling 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 Pate Daytimb Phone #									