2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 08, 2009
Secretary of State

DOCUMENT# N08000009041

Entity Name: BEE GAIA, INC.

Current Principal Place of Business:

6230 SHIRLEY ST. #105
NAPLES, FL 34109

New Principal Place of Business:

1610 TRADE CENTER WAY
SUITE 4
NAPLES, FL 34109

Current Mailing Address:

6230 SHIRLEY ST. #105
NAPLES, FL 34109

New Mailing Address:

1610 TRADE CENTER WAY
SUITE 4
NAPLES, FL 34109

FEI Number: 27-1252160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, MARIA L
6230 SHIRLEY ST. #105
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

CARTER, MARIA L
1610 TRADE CENTER WAY
SUITE 4
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA L CARTER 12/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARTER, MARIA L
Address: 6230 SHIRLEY ST. #105
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete
Name: BRUCE, LINDA L
Address: 6230 SHIRLEY ST. #105
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete
Name: CARTER, ADAM G
Address: 6230 SHIRLEY ST. #105
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARTER, MARIA L
Address: 1610 TRADE CENTER WAY SUITE 4
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Change ( ) Addition
Name: BRUCE, LINDA L
Address: 1610 TRADE CENTER WAY SUITE 4
City-St-Zip: NAPLES, FL 34109

Title: TD (X) Change ( ) Addition
Name: CARTER, ADAM G
Address: 1610 TRADE CENTER WAY SUITE 4
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA L CARTER PD 12/08/2009
Electronic Signature of Signing Officer or Director Date