


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 OCT 29 PM 12:48

DOCUMENT # **N97000001965**

1. Corporation Name

BEE-ATTITUDES, INC.

Principal Place of Business

4520 WHITE ASH ROAD
MOLINE FL 32577

Mailing Address

P.O. BOX 310
MOLINE FL 32577



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.		Suite, Apt. #, etc.		04/07/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3443508	
Country		Country		Applied For	
				Not-Applicable	
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	TERHUNE, LILA	4520 WHITE ASH ROAD	MOLINO FL 32577
S	TERHUNE, ROBERT	4520 WHITE ASH ROAD	MOLNO FL 32577
D	REUBEN, DICK	P O BOX 777 N/A	BOONVILLE IN 47601
D	REUBEN, DEANNE	P O BOX 777 N/A	BOONVILLE IN 47601
D	ALEXIS, BILLIE	5770 ADELYN RD	PENSACOLA FL 32504

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TERHUNE, LILA 4520 WHITE ASH ROAD MOLINO FL 32577	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City

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

REGISTERED AGENT MUST SIGN

Date 10-25-1

11. 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:

Carol Reid
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 10/25/1
 Daytime Phone # 866-5935

CR20040 (8/01)

Cameron's Tax Service

18935 South Third Street
Citronelle, Alabama 36522
Phone 251-866-2203
Fax 251-866-5935



P O BOX 65
OCT. 26, 2001

FLA DEPT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

DEAR MS HARRIS,

THIS LETTER IS TO ASK FOR FORGIVENESS OF THE LATE FILING OF THE BUSINESS REPORTS FOR CROSS POLLINATION AND BEE-ATTITUDES INC. BOTH OF THESE CORPORATIONS HAVE THE SAME REGISTERED AGENT, LILA TERHUNE.

DUE TO HER TRAVELS I HANDLE MOST OF THE TAX WORK, AND HAVE REQUESTED MY ADDRESS BE PUT ON THE ACCOUNTS. SOME HOW THESE FORMS NEVER MADE IT TO ME AND THIS IS WHY THEY ARE LATE IN FILING.

PLEASE ACCEPT THE ENCLOSED CHECKS AND REINSTATEMENT FORM FOR BOTH CORPORATIONS. THANK YOU FOR YOUR TIME ON THIS MATTER AND IF I CAN BE OF ANY SERVICE PLEASE FEEL FREE TO CALL ON ME.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Carole C Reid".

CAROLE C REID