CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Jim Smith** Secretary of State DIVISION OF CORPORATIONS

02 NOV -5 AM 11: 38

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

DOCUMENT # P0000056823

1. Corporation Name

Beeline Cleaners, INC.

REINSTATEMENT 02

2. Principal Office Address
218 Celebration Blud

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 6-5-00

City & State
Celebration FL

City & State

5. FEI Number
59-3655293

Applied For

Not Applicable

Zip
34747

Country
USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Stewart Brown

300008812733
11/05/02--01105--011 **75.00

Street Address (P.O. Box Number is Not Acceptable)
218 Celebration Blud

Suite, Apt. #, Etc.

City
Celebration

State
FL

Zip Code
34747

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____

REGISTERED AGENT MUST SIGN

Date 10-28-02

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Stewart Brown	218 Celebration Blud Celebration	Celebration FL 34747
		300008812733 11/05/02--01105--012 **8.75	

10. 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

10-28-02   407-808-3590

Date   Daytime Phone #

11/12/02