

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 SEP 22 AM 8:00

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000101765

1. Corporation Name
BeeCoolinc

REINSTATEMENT 99-03

700023253097
 09/22/03--01089--029 **758.75

2. Principal Office Address
6361 N. Diamond terr

3. Mailing Office Address
6361 N. Diamond terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Crystal River FL

City & State
Crystal River FL

Zip Country
34428 USA

Zip Country
34428 USA

4. Date Incorporated or Qualified
 To Do Business in Florida JAN 1 1998

5. FEI Number
593481533

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Michael W MOES

Street Address (P.O. Box Number is Not Acceptable)
6361 N. Diamond terr

Suite, Apt. #, Etc.

City
Crystal River

State
FL

Zip Code
34428

MRD

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
[Signature]
 REGISTERED AGENT MUST SIGN

Date 9-19-2003

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
P/T	Michael W MOES	6361 N. Diamond terr.	Crystal River FL 34428
V/S	Svetlana Moes	6361 N. Diamond terr.	Crystal River FL 34428

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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)(f), 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] Michael W. Moes 9-19-03 352-563-1799
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

Dear; Florida Department of State, Division of Corporations

BeeCool inc. or the registered agent of beecool inc. did not receive an annual report form for the year of 1999. This year beecool inc. was put on the inactive list we wish to be reinstated. Thank You.

Document # P97000101765

BeeCool inc.

6361 N. Diamond terr.

Crystal River FL, 34428

Registered Agent

Michael W Moes

6361 N. Diamond terr.

Crystal River FL, 34428