


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99 0000 88673					
1. Corporation Name Botees, Inc.					
2. Principal Office Address 5631 Pine Hollow Trail Suite, Apt. #, etc. City & State Oviedo, Florida Zip 32765		3. Mailing Office Address P.O. Box 571 Suite, Apt. #, etc. City & State Goldenrod, FL Zip 32733		4. Date Incorporated or Qualified To Do Business in Florida 10/4/99	
				5. FEI Number 59-3613847	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED

01 SEP 11 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2001 UBR

7. Name and Address of Current Registered Agent	
Name Teri Ellerbe	0000004614540--5
Street Address (P.O. Box Number is Not Acceptable) 2288 Pebblewood Drive	-09/27/01--01098--010
Suite, Apt. #, Etc.	****300.00 ****300.00
City Apopka	State FL
	Zip Code 32703

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 *Teri Ellerbe* Date 9/6/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Roberta Garrett	P.O. Box 571	Goldenrod, FL 32733
D	Teri Ellerbe	2288 Pebblewood Drive	Apopka, FL 32703
	201.25-AR		
	10.00-ARAR		
	88.75-ARSUPP		

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: *Roberta K. Garrett* ROBERTA K. GARRETT 9/6/01 407-365-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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August 30, 2001

Florida Department of State

Re: Botees, Inc.

Gentlemen:

This is to advise that that no officer or director of the above referenced corporation ever received the 2000 annual report form for filing. Consequently, we would request that the late fees be waived and that you process our enclosed Reinstatement form.

Thank you for your attention in this matter.

Very truly yours,

By: Roberta Garrett
Roberta Garrett

By: Teri Ellerbe
Teri Ellerbe