

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION FOR 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000099663

1. Corporation Name

BEA'S CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address		
530 WHISKEY CREEK COURT OCOEE FL 34761	530 WHISKEY CREEK COURT OCOEE FL 34761		
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		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED  
00 OCT 20 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07/31/00 9007 008 180,00

4. Date Incorporated or Qualified To Do Business in Florida	11/15/1999
5. FEI Number <i>#59-3611682</i>	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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	STEENS, BEATRICE H	530 WHISKEY CREEK COURT	OCOEE FL 34761
SVD	ROBINSON, CARMEN D	530 WHISKEY CREEK COURT	OCOEE FL 34761

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State
	Zip Code

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

*SPIEGEL & UTRERA, P.A.*

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

CR2E040 (8/00)

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:

*Beatrice H. Steens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00  
Date Daytime Phone #

Bea's Cleaning Service Inc  
530 Whistler Creek Ct.  
Ocoee FL 34761

Oct 17<sup>th</sup> 00.

To Whom It May Concern.

I did not receive a letter informing me of missing information on my last report filed.

Therefore I am asking to please waive all fees and penalties.

Thank you.

Yours truly  
Beatrice Stevens President