PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

P98000066032

FILED
98 AUG -7 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 666032

4. Corporation Name

MR. ROLLER BOOGIE'S. INC.

Principal Place of Business / Mailing Address

1981-98

5020 Rosamond Dr. #2602
Orlando, Florida 32808

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
5020 Rosamond Dr.	
Suite, Apt. #, etc. #2602	Suite, Apt. #, etc.
City & State Orlando, Florida	City & State
Zip 32808 / Country U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/07/1980

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Joseph Camillo	5020 Rosamond Dr.#2602	Orlando, Fl. 32808

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-08/07/98--01055--002
***2367.50 ***2332.50

8. Name and Address of Current Registered Agent

Joseph Camillo
5020 Rosamond Dr. #2602
Orlando, Fl. 32808

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (1/98)

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: Joseph Camillo — REGISTERED AGENT MUST SIGN — Date: 8/6/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X] (See other side for information on intangible tax.)

12. 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: Joseph Camillo — Joseph Camillo, President — 8/6/98 — 407-294-1936

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

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

mr. Roller Boogie's Inc.

File First

Signature

Requested by: Chey 8-7 1033
Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

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DIVISION OF CORPORATION