

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000035939

1. Corporation Name

Husky Rose Inc.

W06-5176

2. Principal Office Address

1601 SW 6TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

SAME

Zip

33486

Country

USA

Zip

SAME

Country

SAME

4. Date incorporated or Qualified To Do Business in Florida

4/18/97

5. FEI Number

650754103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

FILED  
06 FEB 13 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

CR2E081 (12/05)  
J. Roberts FEB 14 2006

7. Name and Address of Current Registered Agent

Name

DANIEL J. EREMIAN

800066132878

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

1601 SW 6TH AVE

02/17/06--01030--007 \*\*1050.00

Suite, Apt. #, Etc.

BB

City

BOCA RATON

State

FL

Zip Code

33486

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

1/22/06

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
<u>PRES</u>	<u>DANIEL EREMIAN</u>	<u>1601 SW 6TH AVE</u>	<u>BOCA RATON, FL 33486</u>

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 contained in Chapter 119, 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/05 561-271-0703