| · | PLEASE REAL | ALL INSTI | RUCTIONS BEFORE | COMPLETING THIS FORM. | 10 |
|---------------------------|---------------------------|---|-------------------------------------|--|---|
| CORPORATI REINSTATEM | 544-64 | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 04 OCT -4 PM 3: 09 | |
| DOCUMENT | # 514756 | , | | DECRETANT CLIS ALL TALLAHASSEE, FLORIDA | |
| 1. Corporation Name | ROOM AND BOA | DD INC | | | |
| 020121122711 | NOOM / NO BON | 110, 1110 | | | |
| 337-341 NW 170 | TH STREET | | | | |
| 2. Principal Office Addre | | 3. Mailing Office Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| | | - , | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| City & State | | City & State | - · · · · · - | E CENTRAL CONTRACTOR C | |
| NORTH MIAMI BEACH, FL | | · | | 59-1700566 | Applied For Not Applicable |
| ^{Zip} 33169 | Country USA | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED S8.75 AG | dditional Fee required Certificate of Status |
| | | 7. Na | me and Address of Current Regi | stered Agent | |
| Name WESLE | Name WESLEY R. JOHNSON | | | | |
| Street Add 337-341 | ress (P.O. Box Number is | Not Acceptable) | | y and the first desired the second se | = |
| Suite, Apt. | | | | | |

Zip Code 33169 State NORTH MIAMI BEACH 8. I, being appointed the registered ration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGIST ED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list al/least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director **PSD** JOHNSON, WESLEY R 13380 BISCAYNE BAY DRIVE **NORTH MIAMI, FL 3313** 500041949115

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 filling 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: V

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

THE ACCOUNTING OFFICE OF:
RICHARD L. RIESENBERG

644 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

OUR 50TH

TELEPHONE 954.458.5514 FAX 954.458.4335

JUNE 30, 2004

> RE: CLOVERLEAF GROOM AND BOARD, INC. DOCUMENT NO: 514756 ADMIN. DISSOLVED: 09-19-03

GENTLEMEN,

ON APRIL 17, 2003, MY CLIENT PURCHASED 100% OF THE COMMON STOCK OF THE ABOVE REFERENCED CORPORATION.

AT THE TIME OF THE TRANSFER OF STOCK, THE PRINCIPALS OF CLOVERLEAF GROOM AND BOARD, INC. AND THEIR ATTORNEY GAVE ASSURANCES THAT THE 2003 UBR ANNUAL REPORT WAS "IN THE MAIL."

NOW IT WAS DISCOVERED (VIA THE INTERNET) THAT THE CORPORATION WAS ADMINISTRATIVELY DISSOLVED PRESUMABLY BECAUSE THE 2003 UBR REPORT WAS, IN FACT, NOT FILED AS THEY TOLD US AND CONSEQUENTLY THE NEW CORPORATE MAILING ADDRESS IS NOT KNOWN TO THE DEPARTMENT OF STATE. INCIDENTLY, THE NEW ADDRESS IS: C/O DIAMOND'S, 337-341 NW 170TH STREET, NORTH MIAMI BEACH, FL 33169.

THE CONCLUSION IS OBVIOUS . . . THE 2003 UBR REPORT WAS NOT FILED AND THE NEW STOCKHOLDERS WERE NOT ALERTED TO THIS FACT BECAUSE THEY DID NOT RECEIVE NOTICES OF DELINQUENCY BECAUSE THESE NOTICES WERE SENT TO THE OLD ADDRESS.

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PAGE TWO FLORIDA DEPARTMENT OF STATE

ON BEHALF OF MY CLIENT, I AM REQUESTING THAT THIS CORPORATION BE REINSTATED FOR FEES ONLY, NO PENALTY ASSESSMENT DUE TO THE REASONABLE CAUSE JUST DESCRIBED.

UPON YOUR APPROVAL, PARTY XXX, INC WILL FILE A REINSTATEMENT UBR REPORT WITH THE APPLICABLE FEES.

SINCERELY

RICHARD L. RIESENBERG