2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002898

726 E 96 ST

BROOKLYN, NY 11236

Address:

City-St-Zip:

FILED Nov 28, 2005 Secretary of State

| DOCON | 1EN 1# NU2000002090 | Secretary of Sta | ιe | |
|---------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------|--|
| Entity Na | me: ROCK OF AGES CRUSADES, INC | | | |
| Current Principal Place of Business: | | New Principal Place of Business: | | |
| 4365 INGF MIAMI, FL | RAHAM HWY 33133 | | | |
| Current M | lailing Address: | New Mailing Address: | | |
| | BROKE PINES , FL 33023 | 4365 INGRAHAM HWY MIAMI, FL 33133 | | |
| | : 52-2251124 FEI Number Applied For (ce with s. 607.193(2)(b), F.S., the corporation | | I | |
| Name and | l Address of Current Registered Agen | t: Name and Address of New Registered Agent: | | |
| MIAMI, FL The above | RAHAM HWY 33133 US | the purpose of changing its registered office or registered agent, or b | ooth, | |
| | RE: ZACK DEARE | | | |
| | Electronic Signature of Registered | Agent Date | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIREC | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | T () Delete SALEEN, SAFEYAH 6002 PEMBROKE PINES MIRAMAR, FL 33023 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| Title: Name: Address: City-St-Zip: | D () Delete DEARE, ZACK 4365 INGRAHAM HWY MIAMI, FL 33133 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| Title: Name: | S () Delete AJAMU, OMARI | Title: S (X) Change()Addition Name: AJAMU, OMARI | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

4365 INGARAHAM HWY

MIAMI, FL 33133

SIGNATURE: ZACK DEARE D 11/28/2005