PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

07 NOV 26 AH 11: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N93000003962

1. Corporation Name

Burning Spear, Inc.

								700106083817 - 07/13/0701057014 **122.50						
	ess - No P.O. Box# age Park Blvd.	Office Box 403124					377137	'0'				57		
Suite, Apt. #, etc. Suite, Ap				, etc.				4. Recombined or Qualified ALENENT						
City & State Tallahassee, Florida Miam				i Beach, Florida				5. FEI Number 593224643 Applied For Not Applicable						
^{Zip} 325	311	Country	^{Zip} 331	40_	Count	USA		6. CEI	RTIFICATE	OF STATUS DESIRED	\$8.75		tonal Fee	required
7. Name and Address of Current Registered Agent														
Name Scott L. Ross						■ I ▼ I				he reinstatement fee is imposed, except in recumstances which the entity did not receive				
Street Add	ox Number is Not Acceptable)	NW 9th Avenue				the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement								
Suite, Apt.														
City Ta	allaha	ssee		State Zip Code FL 32311										
8. I, being appointed the registered agent of the zpove named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.														
Signature o Registered		Sott L. Ke					_{Date} June 28, 2007							
-		RE												
9. Names	and Street A	Addresses of Each Officer and	Vor Director (Flo	rida nonpro	ofit corpo	orations must list at	ıt lea	ıst 3 dir	rectors)	1				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director						City / State / Zip				
C/D	Ryar	1508 Bay Road #106					069	Miami Beach, Florida 33139				3139		
P/D	Eric	7211 Crane Avenue, #74					#74	Jacksonville, Florida 32216						
T/D	Allin	4419 Ortega Farms Circle					ircle	Jacksonville, Florida 32210						
S/D	Jacq	1900 S. Eads Street Unit 412					t 412	Crystal City, Virginia 22202						
D	Mark Davis				800 Broward Road #D					Jacksonville, Florida 32218				

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:

Scott L. Ross

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ryan Grindler, Chairman of the Board of Directors June 28, 2006

8280 NW 9th Avenue | Boca Raton, Florida 33487

(202) 497-8047

Daytime Phone #