PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

02 MAY 14 PH 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 12373

1. Corporation Name

Bird Dog Investments, Inc.

REINSTATEMENT 01-02

2. Principal Office Address 1810 Michigan Ave. Suite, Apt. #, etc.	**3.** Mailing Office Address 1810 Michigan Ave Suite, Apt. #, etc.	
City & State Miami Beach FL	City & State MiamiBeach FL	**4.** Date Incorporated or Qualified To Do Business in Florida 2-4-2000
Zip 33139	Country US	Zip 33139	Country US	**5.** FEI Number 65-0985453 none	Applied For ✓ Not Applicable
		6. CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RITA STARR

Street Address (P.O. Box Number is Not Acceptable)
1810 Michigan Ave
Suite, Apt. #, Etc.

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-05/24/02--01044--027
****900.00 ****900.00

City Miami Beach	State FL	Zip Code 33139

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 _Rita Starr_
REGISTERED AGENT MUST SIGN
Date 4-19-02

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
P/D/T	RITA STARR	1810 Michigan Ave	Miami Beach FL 33139
S/D	IVOR ROSE	1810 Michigan Ave	Miami Beach FL 33139

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 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: _Rita Starr_ RITA STARR   4-19-02 305 5383583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #