


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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****750.00 ****750.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00 0000 37512

1. Corporation Name
Rosebriar Inc.

2. Principal Office Address 226 ne 28 street Suite, Apt. #, etc.		3. Mailing Office Address box 370783 Suite, Apt. #, etc.	
City & State Miami, Fl.		City & State Miami, Fl.	
Zip 33137	Country USA	Zip 33137	Country USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida April 13, 2000

5. FEI Number 65-1004167 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 John Stump

Street Address (P.O. Box Number is Not Acceptable) 226 ne 28 Street

Suite, Apt. #, Etc.

City Miami State FL Zip Code 33137

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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] Date January 15, 2002

REGISTERED AGENT MUST SIGN

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
President	Stephanie Stewart	12420 sw 109 Terrace	Miami Fl.33186
Vice Pres.	Marcos Rodriguez	9850 Marlin Road	Miami, Fl. 33157
Dir. Oper.	John Stump	3930 NW 2 Avenue	Miami Fl. 33127

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: [Signature] January 15, 2002 305-438-9474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)