PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION -FLORIDA DEPARTMENT OF STATE Katherine Harris FOR> سرطيه ويتلافه والم Secretary of State **DIVISION OF CORPORATIONS** P00000072425 DOCUMENT # FILED 1. Corporation Name 02 APR 15 PM 4: 29 ROCK BOILY ENTERPRISE, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDY (Principal Place of Business Mailing Address 20 N OKOMO DRIVE 20 N OKOMO DRIVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, if Applicable Date Incorporated or Qualified To Do Business in Florida 291 Sw. 07/28/2000 Suite, Apt.-#, etc. 5. FEI Number Applied For 65-102818C Not Applicable AMPERDAL AMDEKDAL \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status -O ч 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each and/or Directors City / State / Zip Officer and/or Director **BOILY, ROCK** 20 N OKOMO DRIVE 1291 Sw. 290 Terraco FT. LAYDERDALA, FL383/2 NW 25 COURT Boily, Joanne Synrise, Fl. 33322 400005349234--0 -04/25/02--01067--005 ****300.00 ****300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name **BOILY, ROCK** Street Address (P.O. Box Number is Not Acceptable) **20 N OKOMO DRIVE** HOLLYWOOD FL-33021 Suite, Apt. #, Etc. AUDGROAL 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 11. 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 of legistered Agen

Title(s)

PSD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Department of State Division of Corporation P.O. Box 6327 Tallahassee, Fl, 32314

RE: Rock Boily Enterprise, Inc.

Thursday, April 11, 2002

Dear Sir or Madam:

I called your office this morning about my corporation being dissolved. I moved after I incorporated my business and never received my renewal for 2001. Being a new corporation I did not know about the renewal and never got the notices because I moved. Per my phone conversation I have enclosed my application for reinstatement with a check for \$300.00 and ask that that the re-instatement fee be waived due to my never getting the renewal form.

Thank you,

Rock Boily