PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 AUG 27 PM 12: 05

DOCUMENT # JP02000085985
1. Corporation Name
Bluegrass Delivery. Inc.

REINSTATEMENT 01-04

2. Principal Office Address
1440 Coral Ridge Dr
Suite, Apt. #, etc.
Suite 298
City & State
Coral Springs, FL
Zip 33071   Country USA

3. Mailing Office Address
1440 Coral Ridge Dr
Suite, Apt. #, etc.
Suite 298
City & State
Coral Springs, FL
Zip 33071   Country USA

4. Date Incorporated or Qualified To Do Business in Florida   09/08/2000

5. FEI Number   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
Clarke, Doris
Street Address (P.O. Box Number is Not Acceptable)
6830 NW 20th Ave
Suite, Apt. #, Etc.

600041260526
09/22/04--01053--010 **500 00

City
Ft. Lauderdale, FL
State FL   Zip Code 33309

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   Doris C. Clarke   Date 08-24-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	Clarke, Christopher	1440 Coral Ridge Dr. - Suite 298	Coral Springs, FL 33071
		600041260526 09/22/04--01059--011 **500.00	
		600041260526 09/22/04--01059--012 **208.75	

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: Christopher Clarke   Christopher Clarke   8-24-04   (954) 599-5409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #