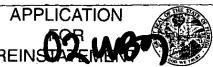
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS P01000080020

1. Corporation Name

DOCUMENT #

THE RED ROSE CORPORATION

Principal Place of Business

620 SOUTH DIXIE HWY

LANTANA FL 33462

Mailing Address

620 SOUTH DIXIE HWY LANTANA FL 33462

FILED

02 OCT 30 PH 3:52

GEURETARY OF STATE TALLAHASSEE, FLORIDA

41 44



			300008698073 10/30/0201050006 **150,00			
			Date Incorporated or Qua	alified		
			5. FEI Number Applied For Not Applied For Not Applied			
Zip	Cor	untry	6. CERTIFICATE OF STATUS D	S8.75 Additional Fee for a Certificate of	required Status	
and/or Director (Flo	orida nonprofit con	porations must list at lea	ast 3 directors)			
Title(s) 4 Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D DRUMMOND, GLEN		13353 NORTHUMBERLAND CIR		WEST PALM BEACH FL 33414		
···		1. TV-71		·		
		1				
		-NA-W/b				
		Brens	f			
8. Name and Address of Current Registered Ago			Name and Address of New Registered Agent			
		Name				
Drummond, Glen 13353 Northumberland Cir			Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33414		Suite, Apt. #, Etc.		,		
		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State Zip Code		
above named corpo	oration, am familia	r with and accept the ob	eligations of Section 607.0505,			
SURE	REQ	UIRED	Date	idela		
	3. New Mail Suite, Apt. # City & State Zip and/or Director (Flo	3. New Mailing Office Addres. Suite, Apt. #, etc. City & State Zip Co and/or Director (Florida nonprofit corganisms) 13353 NORTH	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country and/or Director (Florida nonprofit corporations must list at lease of Street Address of Each Officer and/or Director 13353 NORTHUMBERLAND CIR ent Registered Agent Name Street Address (Foundation of Street Addre	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country Certificate of Status of Memory of Street Address of Each Officer and/or Director 13353 NORTHUMBERLAND CIR P. Name and Address of North Name Street Address (P.O. Box Number is Not Accept Suite, Apt. #, Etc. City Street Address (P.O. Box Number is Not Accept Suite, Apt. #, Etc. City	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. Suite, Apt. #, etc.	

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:

Date

Daytime Phone #

To Florida Department of State 10/18/2007-Arnual Report Randalment Section Po Box 6327 Tallahassee Sh 3 2314-6327

The hed hose Confavation 620 South DIXIE Hug hartain, Fla. 33462

Dear Sir or Madam Please be advised that I ord not become any also workers For this benewer. I am Stry he Report and enclose the appropriate (ee)

Thank - you. Glen Promise Promet Director.