

WOS-49783 APPROVAL AND FILED

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 NOV 21 AM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000105272

1. Corporation Name

Bedrock Technologies, Inc.

2. Principal Office Address

P.O. Box 82

Suite, Apt. #, etc.

City & State

Cleverdale, NY

Zip

12820

Country

USA

3. Mailing Office Address

P.O. Box 82

Suite, Apt. #, etc.

City & State

Cleverdale, NY

Zip

12820

Country

USA

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

October 31, 2002

5. FEI Number

02-0580585

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
Valdes-Fauli Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
777 S. Flagler Drive, Suite 500 East

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33401

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

REGISTERED AGENT MUST SIGN

Date

11/1/05

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
DPST	Grant, Ralph	P.O. Box 82	Cleverdale, NY 12820
D	Grant, Deborah	P.O. Box 82	Cleverdale, NY 12820

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Grant

Date

10/20/05

Daytime Phone #

518-656-3469

K. Eckel NOV 22 2005

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VALDES-FAULI CORPORATE SERVICES, INC.

3400 ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131
(305) 376-6000 • FAX (305) 376-6010
FEDERAL I.D. #65-0475120
November 1, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

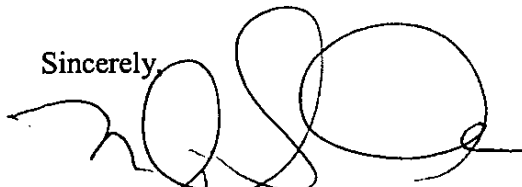
Re: Bedrock Technologies, Inc. – Reinstatement Application

Dear Sir/Madam:

Enclosed is the Reinstatement Application for the above referenced corporation along with a check for \$150.00 for the original filing fee as the original Annual Report was never received. The client was unaware that the entity had been administratively dissolved. We are changing the address to ensure that this does not happen again.

Should you have any questions regarding the foregoing, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read 'MS' followed by a large, stylized loop and a horizontal line extending to the right.

Michelle Sanderson, CLA
Corporate Paralegal

/ms
Encs.

MIAMI 421361.1