08/07/1994 09:55 3055575090 DORA E GON

PLEASE READ ALL INSTRUCTIONS BEFORE C

FILED
May 18, 2005 8:00 am
Secretary of State

CORPORATION ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000114215

40081963

1. Corporation Name
ROSE PLANET INC

2. Principal Office Address	3. Mailing Office Address
1700 NW 96 AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL 33172	City & State
Zip	Country
Zip	Country

REINSTATEMENT 05-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: GIANNY MORALES

Street Address (P.O. Box number is Not Acceptable): 1700 NW 96 AVE

800055379098
05/26/05--01065--021 **1050.00

Suite, Apt. #, Etc.

City: MIAMI FL 33172 State: FL Zip Code

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 _____ Date

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
PD	GIANNY MORALES	1700 NW 96 AVE	MIAMI FL 33172
VP/D	ANA MORALES	" " " "	" " 33172

10. I certify that I am an officer or director of the corporation 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 that my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 05/02/05 (305) 513-8552

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