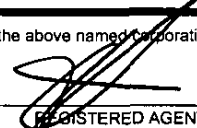


1022

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                          |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                                            |
| <b>DOCUMENT #</b> <u>P04000024067</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                                                                                                                                                          |                                            |
| <b>1. Corporation Name</b><br><br>ROSEWOOD CONTRACTING & PROJECT MANAGEMENT INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                                                                                                                          |                                            |
| <b>2. Principal Office Address</b><br>7910 PINE ISLAND WAY<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          | <b>3. Mailing Office Address</b><br>7910 PINE ISLAND WAY<br><br>Suite, Apt. #, etc.                                                                                      |                                            |
| <b>City &amp; State</b><br>WEST PALM BEACH, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | <b>City &amp; State</b><br>WEST PALM BEACH, FL                                                                                                                           |                                            |
| <b>Zip</b><br>33411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Country</b><br>USA                    | <b>Zip</b><br>33411                                                                                                                                                      | <b>Country</b><br>USA                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | <b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>FEB. 4, 2004</u>                                                                                   |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | <b>5. FEI Number</b> <u>562438191</u>                                                                                                                                    |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>                                       |                                            |
| <b>7. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                                                                                                                                                          |                                            |
| <b>Name</b><br>RENE M. CANTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                          |                                            |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>7910 PINE ISLAND WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                                                          |                                            |
| <b>Suite, Apt. #, Etc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                                                                                                                                                          |                                            |
| <b>City</b><br>WEST PALM BEACH,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | <b>State</b><br>FL                                                                                                                                                       | <b>Zip Code</b><br>33411                   |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                                                                                                                                                                          |                                            |
| <b>Signature of Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | <b>Date</b> <u>2/7/6</u>                                                                                                                                                 |                                            |
| <b>REGISTERED AGENT MUST SIGN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                                                          |                                            |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                          |                                            |
| <b>Titles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b>                                                                                                                    | <b>City / State / Zip</b>                  |
| PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RENE M. CANTIN                           | 7910 PINE ISLAND WAY                                                                                                                                                     | WEST PALM BEACH, FL 33411                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                          |                                            |
| <b>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 contained in Chapter 119, 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.</b> |                                          |                                                                                                                                                                          |                                            |
| <b>SIGNATURE:</b> <u>RENE M. CANTIN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | <b>Date</b> <u>2/7/6</u>                                                                                                                                                 | <b>Daytime Phone #</b> <u>561-662-1028</u> |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                          |                                            |

2082

**ROSEWOOD CONTRACTING AND PROJECT MANAGEMENT INC.**

February 7, 2006

Dept of State  
Div of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: Reinstatement of Rosewood Contracting and Project Management Inc.**

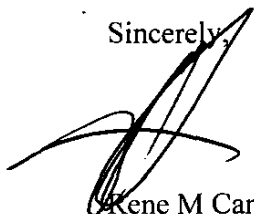
Dear Sir/Madam

Please find enclosed the letter from your office stating the filing of the address change for Rosewood contracting and Management Inc. The change of address was registered on May 4 2005. I did not receive the annual report notices and the corporation was dissolved on 09/16/2005 because I did not file the report.

I object to the paying the reinstatement fee because I did not receive the annual notices.

Thank you for your attention in this matter.

Sincerely,



Rene M Cantin