2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000039098

1. Entity Name
T. ROSE ENTERPRISES INC.

FILED
06 MAR 23 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3750 NW 101ST AVE CORAL SPRINGS, FL 33065	3750 NW 101ST AVE CORAL SPRINGS, FL 33065

01242006 - REIN-P - CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
5041 Chardonnay Drive	5041 Chardonnay Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL	City & State: Coral Springs, FL
Zip: 33067 Country:	Zip: 33067 Country:

4. FEI Number: 90-0216791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
*SPIEGEL & UTRERA, P.A. 1840 SW 22-ST 4TH FLOOR MIAMI, FL 33145	Name: Michelle Waldman Street Address (P.O. Box Number is Not Acceptable) 5041 Chardonnay Drive City: Coral Springs FL Zip Code: 33067

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: x Michelle Waldman * 2/26/06 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ZEMSKY, TAMARA 3750 NW 101ST AVE CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Zemsky, Tamara	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*Pres Michelle Waldman 5041 Chardonnay Drive Coral Springs FL 33067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$3 3/29	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400069547844 04/05/06--01042--004 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Michelle Waldman * 2/26/06 * 954-209-5708

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