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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -9 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800065818078
02/14/06--01022--002 **150.00

DOCUMENT # P04000083071

1. Corporation Name

RED ROSE INT, INC.

2. Principal Office Address

4170 E Hillsborough Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2307 E SLIGH AVE

Suite, Apt. #, etc.

APT 29

City & State

Tampa FL 33610

City & State

TAMPA FL

Zip

33610

Country

HILLSBOROUGH

Zip

33610

Country

HILLS

4. Date Incorporated or Qualified To Do Business in Florida

4-4-2004

5. FEI Number

86-1106330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

02/08/05 90004 038 150.00
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

BALFORD CAMPBELL

Street Address (P.O. Box Number is Not Acceptable)

2307 E SLIGH AVE APT 29

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33610

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	CAMPBELL, BALFORD	2301 E SLIGH AVE, 29	TAMPA FL 33610
VD	CAMPBELL, OTIS G.	2202 WEDGEWOOD PLAZA D	RIVIERA FL 33404
			IS 2/10/06
			OTIS G.

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.

SIGNATURE:

Balford Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/06

Date

561 543 9437

Daytime Phone #

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RED ROSE INTERNATIONAL
C/O BALFORD CAMPBELL
2301 EAST SLIGH AVE #29

TAMPA, FL. 33610

FLORIDA CORPORATION
TALLAHASSEE
FLORIDA

DEAR SIR/MADAM:

DUE TO THE FACT THAT I DID NOT RECEIVE A CANCELLATION NOTICE
OR ANY OTHER COMMUNICATION REGARDING MY CORPORATION I
WOULD LIKE TO REQUEST THE WAVING OF THE REINSTATEMENT FEE

THANK YOU


BALFORD CAMPBELL