PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2008 MAY 29 AM 8: 24
DOCUMENT # PO4000127616 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Be-Roul Entertainment Inc.		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	500130440646 05/29/0801029032 **450.00
2400 NG 47 th Auc Suite, Apt. #, etc.	2400 Nes 474 Ave Suite, Apt. #, etc.	CR2E081 (12/07) 4. Date incorporated or Qualified
Cay & States Laudentill FC	City & States	To Do Business in Florida Scot. 8, 2004 5. FEI Number Applied For Not Applicable
Zip Country 33313 U.S.	Zip Country 33313 U.S.	S. CERTIFICATE OF STATUS DESIRED S3 75 Add tions Fee repured for a Certificate of Status
	of Current Registered Agent	
Name George G Bell Street Address (P.O. Box Number is Not Acceptable) 2400 N (2) 47 th Ave Suite, Apt. #, Etc.		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
Lauderhill State Zip Code FL 33313		
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		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at lea	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P Fletcher, Misha L. S. 7163 West Survise Blud Plantation, FL 33313		
VP Boulliac, Elmer H	1 Ju 948 HW 127th	Ave Caral Springs, Fl 3387
T Bell, George G	2400 NW 47th	Ave Landadill, FC 33313
		TEMENT OF
	REII	151A11111 06-08
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: 5-23-2008 954-486-868 SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		