

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 29 PM 2:41

RECEIVED OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000086075

1. Corporation Name

BLACK ROSE PUBLISHING, INC

400109847364
09/24/07--01067--019 **70.00

2. Principal Office Address - No P.O. Box #

2879 W SUNRISE BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

City & State

Zip

33311

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/2006

5. FEI Number
84-1716351

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LAW OFFICES OF PHILLIPSMATHIS, LLC.

Street Address (P.O. Box Number is Not Acceptable)
2879 W SUNRISE BLVD

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State
FL

Zip Code
33311

☒ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0507, F.S.

Signature of
Registered Agent

Tom A. Phillips
REGISTERED AGENT MUST SIGN

Date

9/18/07

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
P, TR	BELINDA A. KNOWLES	2879 W SUNRISE BLVD	FT LAUDERDALE/FL/33311
VP, S	JEFFREY EUBANKS	2879 W SUNRISE BLVD	FT LAUDERDALE/FL/33311
	<i>10/31</i>		

400109847364
11/08/07--01063--001 **88.75

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:

Belinda Knowles

BELINDA A. KNOWLES

9-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #