APPLICATION FOR REINSTATEMENT						OMPLETING THIS FORM. FILED 90 FEB 1 1 PH 3: 55		
DOCUMENT # P93000037255 1. Corporation Name BEDROCK HOLDINGS CORPORATION					BECODERA MALO E STATE TALLARMENTAL ELORIDA			
433 PLAZA 365 BOCA RATI US	ON FL 33432	Malling Address 433 PLAZA REAL 365 BOCA RATON FL 33432 US ough incorrect information and enter correction below.						
	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 05/24/1993			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Number 65-0418901		Applied For	
City & State		City & State			6.		Not Applicable	
Zip	Country	Zip	Coun	try		E OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names Title(s)	ames and Street Addresses of Each Officer and/or Director (File) (6) Name of Officers and/or Directors		orida nonprofit corporations must list at la Street Address of Eac Officiar and/or Directo 3 (Do NOT Use Post Office Box			4	City / State / Zip	
P	P CRANE, SCOTT		433 PLAZA REAL #365			BOCA RATON FL		
v	Siegel, Robert		433 PLAZA REAL #365			BOCA RATON FL		
					90	1000242 82/12/96 ####350.	292493 3-01094-004 00 ****390.00	
K	8. Name and Address of Current	Registered Age	nt		9. Name and A	Address of New Regis	stered Agent	
CRANE	CRANE, SCOTT						Tille	
22281 RUSHMORE PLACE					Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33428				Suite, Apt. #, Etc.				
City					ity State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Registered	Anent	GISTERED AG	ENT MUST SIGN	•, •, •, •,		Date		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No								
12. 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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signifure shall have the same legal effect as if made under oath. SIGNATURE: Description Description Descr								

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ALC: NO DECEMBER OF

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Bedrock Holdings Corporation

433 Plaza Real Suite 365 Boca Raton, Florida 33432 Phone : 362-4670 Fax : 561-362-4672

February, 10 1998

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To whom it may concern ;

As per my telephone conversation with Leslie Sellers, please find enclosed my check in the amount of \$ 350.00, check number 2346. You will also find enclosed my application for reinstatement, document number P93000037255,

I have not received any other documentation but the Notice of Administrative Dissolution or Revocation. At your earliest convenience please fax me my reinstatement acceptance form to 561-362-4672, to my attention. I appreciate your prompt attention to this matter.

Scott M. Crane President of Bedrock Holdings Corporation