PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF COPPORATIONS

P95000069024 DOCUMENT

1. Corporation Name

BEDROCK ENTERPRISES OF SW FLORIDA. INC.

Principal Place of Business

Mailing Address

465 BTH STREET

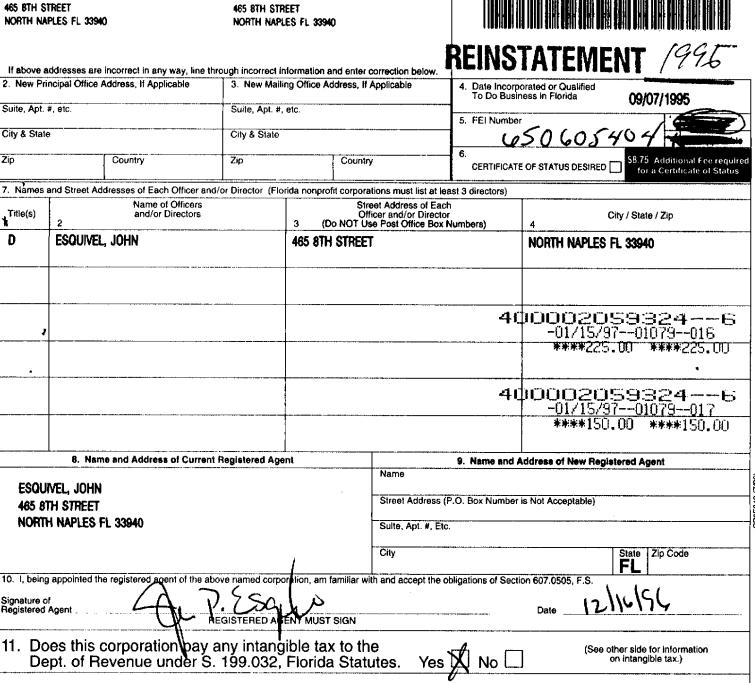
SIGNATURE:

SIGNATURE AND TYPED O

465 8TH STREET

97 JAN 13 PH 3: 53

SECRETARY OF STATE TALLAHASSEE FLORIDA



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 filling this renstatement 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

PICER OR DIRECTOR

JOHN P. ESquivel

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.