PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P96000058474

1. Corporation Name
BLUE ROSE ENTERPRISES, INC.

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
168 70th AVE NORTH	168 70th AVE NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33702 Country: USA	Zip: 33702 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: JUNE 11, 1996

5. FEI Number: 59-3403582 ☐ 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: ELLEN M. BRAMER

Street Address (P.O. Box Number is Not Acceptable): 168 70th AVE NORTH

Suite, Apt. #, Etc.:

City: ST. PETERSBURG State: FL Zip Code: 33702

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: Ellen M Bramer Date: 08-06-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PRESIDENT	ELLEN M. BRAMER	168 70th AVE NORTH	ST. PETERSBURG, FL 33702
	900.00 - ADM		
	61.25 - AR		
	88.75 - REINSTAT		
	8.75 - CERT		
			AD

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 under section 119.07(3)(i), 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: ELLEN M. BRAMER Ellen M Bramer 08-06-01 727-827-5508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #