PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 JUL -8 AM 8: 26
DOCUMENT # 29700 1. Corporation Name	0008737	SECRETARY OF STATE TALLAHASSEE, FLORIDA
B&D Directional 2. Principal Office Address - No P.O. Box # 3013 EX Position Aue	3. Mailing Office Address 369 Banyan Dr	400132921864 07/15/0801007013 **900.00 CR2E081 (12/07)
Suite, Apt. #, etc. City & State Oclando, For Country 32810 US	City & State Maitcand FC Zip Country 32751 U:(.	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-3430593 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State State Zip Code		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.
REGISTERED AGENT MUST SIGN FL 32751 **B. 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. Date 7/8/08 '		
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	
Pres. Mark Berklan	d 369 Banyanto	C.B MAITCAND, F1 3225
TENSTATEM	RH 7-08	
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 filling 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: Contained Contained Chapter 119, F.S. Chap		