PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

Daytime Phone #

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	*FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JAN 31 AM 8: 32
DOCUMENT # 798000 1. Corporation Name Rollup Two BRO	THERS SERVICES INC	ENSTATEMENT 03-05
2. Principal Office Address //OO NW 120AVC	3. Mailing Office Address 1100 NW 120 AUC	ENS A EME
Suite, Apt. #. etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified // / Q Q 🕏
City & State	Plantotion FL	5. FEI Number Applied For
Plantation the	Zip Country	65-0872279 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S3.75 Additional Fire requires
33323 USA	7. Name and Address of Current Register	101 a Ceranicale of Office
Name NICK VLADIA Street Address (P.O. Box Number is Not Acceptable) NOO NW 120 MUE Suite, Apt. #, Etc. City Planchon FL State FL 33323 8. I, being appointed the registered agent of the above famed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503 F.S. Signature of Registered Agent Date PECISTS PER ACENT MUST SIGN		
Signature of Registered Agent REGISTERED AGENT MUST SIGN		
None	f/or Director (Florida nonprofit corporations must list at les Street Address of Each	
Officers and/or Directors	Officer and/or Director	City/State/2ip
P JOAN - VILLAD		- 7-1
U Nick ULAPI	A 1100 NW ROM	que Mando tion fl 3323
		900046085519 02/07/0501030023 **450.00
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 807 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissocution 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

January 25. 2005

To whem it muy concern;

Pe: Reinstatement

In year 2003 the company moved from 5610 Madison st Holly wood FL 33020 to 1100 NW 120 Ave Plantation FL 33323 Because this is close on yearly basis in itid not seel to that we did not change the address with your office so we missed passoo3-2004 and 2005. We would like to apologize for this error and pay for the two years we missed and for this year too. We contacted your office and were told to pay as we stated above. If you need to contact someone in this matter please call 954-236-5528 and grat with Mickelle.

Thouse you Nich Vlacula