	PLEASE READ	OMPLET	ING THIS FO	RM.					
, FOR			A DEPARTMENT OF STATE  Glenda E. Hood  Secretary of State		HILED				
REIN	STATEMENT	VISION OF CORPORATIONS		]	03 OCT 31 F	PA 3: 16			
DOCUMENT # P9900059032  1. Corporation Name					SECRETARY OF STATE TALLAHASSITE FLORIDA				
COMP	ASS ROSE CORP.								
Principal Place of Business Maili			iling Address						
5735 S.W. MIAMLEL 3	<del>24TH PLACE</del> 331 <i>T</i> 3		5735 S.W. 94TH PLACE 'MIAMI FL 33173						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REIN	STATEN	VENT 03		
6701 NW 7TH ST			ing Office Address, If	Applicable	4. Date incorporated or Qualified To Do Business in Florida				
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			 r <sub>.</sub>	06/30/1999 Applied For		
City & State	AMI FL	City & State	City & State			65-0931730	Not Applicat		
Zip 33126 Country USA Zip			Countr	у	6. CERTIFICATE	OF STATUS DESIRED [	\$8.75 Additional Fee required for a Certificate of Statu		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least									
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
D HAMER, ANDREW N			5735 S.W. 94TH PLACE- 6701 NW 75 H ST SUITE 170			MIAMI FL 33173 - MIAMI, FL 33126			
D KNEPPER, DAVID			5785 S.W. 94TH PLACE かけない, FL- 331コケ			MIAMI FL 33173 - 211441, FC 33126			
]						}			
	·			3			00024337683 1/0301080016 **150.00		
·		<u> </u>	<del> </del>	<del></del>	10/31/	<u> </u>   0201000.	SIO AUTODICA		
	8. Name and Address of Current Registered Agent					Address of New Regis	itered Agent		
Name					.,				
KNEPPER, DAVID				Street Address (P.O. Box Number is Not Acceptable)					
-5795 S.W. 94TH PLACE MIAMI FL 33173				(0701 NW 774 55. Suite, Apt. #, Etc.					
City M. A.					State   Zip Code				
					al FL 33126 FL				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation.						on 607.0505, F.S. or 61	17.0505, F.S.		
							1-1		
Signature of Registered Agent						Date	127103		

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/27/03305-436-0304

Daytime Phone #

Compass Rose Corp 6701 NW 7<sup>th</sup> Street Suite 170 Miami, FL 33126 T: 305-436-0304 F: 305-463-7811

October 23, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Compass Rose Corp - 65-0931730

To Whom It May Concern:

As per the telephone message, I am sending this letter to seek waiver of the fee for reinstatement. I did not receive the original documents for the annual report. The notice of administrative dissolution or revocation was forwarded to me.

Compass Rose is in good standings. The address for the registered agent has changed.

Attached are the corrected form and a check for \$150.

If you should have any questions, do not hesitate to contact me at the telephone number above.

Sincerely,

David Knepper

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