

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 OCT 10 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000110955770  
10/18/07--01042--020 \*\*300.00

DOCUMENT # **S 45602**

1. Corporation Name  
**BLUEGRASS Movement, Inc.  
DBA FRANTASY**

2. Principal Office Address - No P.O. Box #  
**230 SW 205T Ft Lauderdale FL 33315**

Suite, Apt. #, etc.

3. Mailing Office Address  
**230 SW 205T Ft Lauderdale FL 33315**

Suite, Apt. #, etc.

City & State  
**Ft Lauderdale**

Zip Country  
**03315 USA**

City & State  
**Ft Lauderdale FL**

Zip Country  
**33315 USA**

**REINSTATEMENT 06-07**

4. Date Incorporated or Qualified To Do Business in Florida **1991**

5. FEI Number **65 0255820**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Soundra R Black**  
Street Address (P.O. Box Number is Not Acceptable)  
**230 SW 205T**  
Suite, Apt. #, Etc.

City State Zip Code  
**Ft Lauderdale FL 33315**

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.

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 **Soundra R Black** Date **OCT 5TH 2007**  
REGISTERED AGENT MUST SIGN

**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 CEO	Soundra R Black	230 SW 205 STREET	Ft Lauderdale FL 33315
	<i>[Signature]</i>		

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 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: **Soundra R Black**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #