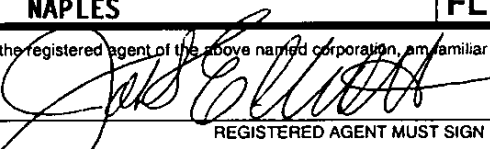
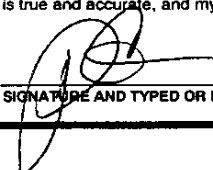


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2007 JAN 23 PM 1:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
DOCUMENT # M61883 1. Corporation Name B.P.L. ENTERPRISES, INC.																																			
2. Principal Office Address - No P.O. Box # 15906 NEWPORT AVE. Suite, Apt. #, etc.		3. Mailing Office Address 15906 NEWPORT AVE. Suite, Apt. #, etc.																																	
City & State OMAHA, NE		City & State OMAHA, NE																																	
Zip 68116	Country DOUGLAS/USA	Zip 68116	Country DOUGLAS/USA																																
4. Date Incorporated or Qualified To Do Business in Florida 10/29/1987		5. FEI Number 650012718 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 JOHN ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 9653 GULF SHORE DRIVE Suite, Apt. #, Etc. City NAPLES State FL Zip Code 33963																																			
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  Date 01/24/2007 REGISTERED AGENT MUST SIGN																																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PRES./</td><td>JOSEPH E'ELIA</td><td>15906 NEWPORT AVE.</td><td>OMAHA, NE 68116</td></tr><tr><td>DR.</td><td>BENEDETTA D'ELIA</td><td>15906 NEWPORT AVE.</td><td>OMAHA, NE 68116</td></tr><tr><td>TR./</td><td></td><td></td><td></td></tr><tr><td>DR.</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES./	JOSEPH E'ELIA	15906 NEWPORT AVE.	OMAHA, NE 68116	DR.	BENEDETTA D'ELIA	15906 NEWPORT AVE.	OMAHA, NE 68116	TR./				DR.															
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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: 		JOSEPH D'ELIA, PRESIDENT 01/24/07 402-493-0404 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	