

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 JUL 14 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 761425**

**1. Corporation Name**

**PENSACOLA ROSE SOCIETY, INC**  
**(NON-PROFIT)**

**2. Principal Office Address**

**4140 LYRIC LN**

Suite, Apt. #, etc.

City & State

**PENSACOLA FL**

Zip

**32514**

Country

**ESCAMBIA**

**3. Mailing Office Address**

**4140 LYRIC LN**

Suite, Apt. #, etc.

City & State

**PENSACOLA FL**

Zip

**32514**

Country

**ESCAMBIA**

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

**01/12/1982**

**5. FEI Number**

**59-2158006**

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

**MICHAEL L. CARUSO**

**200003328922-2**

Street Address (P.O. Box Number is Not Acceptable)

**4140 LYRIC LN**

**-07/20/00--01005--018**

**\*\*\*\*297.50 \*\*\*\*297.50**

Suite, Apt. #, Etc.

City

**PENSACOLA**

State

**FL**

Zip Code

**32514**

**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

**ML Caruso**

Date **20 June 2000**

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
PRES	BRUCE Richards (Dir)	308 Alabama St	MILTON, FL 32570
TRES	M. CARUSO (Dir)	4140 LYRIC LN	PENSACOLA, FL 32514
Secy	Teresa Seiler	2966 CREIGHTON Blvd	" " 32514
VP	Large MERMA Richards (Dir)	308 ALABAMA St	MILTON, FL 32570
VP	JAN CARUSO	4140 LYRIC LN	PENSACOLA FL 32514

**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 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:

**Michael L. Caruso**

**MICHAEL L. CARUSO**

Date

Daytime Phone #

**20/04/00 (850) 475-1500**

CR2E081 (9/99)