

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 20 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000060575**

1. Corporation Name

DAVID ROSS & COMPANY, INC.

Principal Place of Business

3940 RIDGEWOOD DRIVE
TITUSVILLE FL 32796

Mailing Address

POST OFFICE BOX 6443
TITUSVILLE FL 32782

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

08/07/1995

5. FEI Number

54-3328616

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75: Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ROSS, DAVID E	3940 RIDGEWOOD DRIVE	TITUSVILLE FL 32796
T	ROSS, LYNN M	3940 RIDGEWOOD DRIVE	TITUSVILLE FL 32796
			700002036607--9 -12/24/96--01047--009 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of this corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent By: **Lawrence J. Spiegel, P.A. d/b/a AmeriLawyer**

Date 12/19/96

REGISTERED AGENT MUST SIGN
Natalia Utrera, Vice President

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

12-11-96 (407) 264-8474
Date Daytime Phone #