


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 17 PM 12:39

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V61743

1. Corporation Name  
Rocket Reporting Service, Inc.

2. Principal Office Address 3552 W. Tree Tops Ct.		3. Mailing Office Address 3552 W. Tree Tops Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Davie, FL		City & State Davie FL	
Zip 33328	Country USA	Zip 33328	Country USA

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified To Do Business in Florida 10/01/92

5. FEI Number 65-035539 Applied: SP  
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 Sharain Ameerally Newman

Street Address (P.O. Box Number is Not Acceptable) 3552 W. Tree Tops Ct.

Suite, Apt. #, Etc.

City Davie

State FL Zip Code 33328

100004610681-0  
-09/25/01-01082-016  
\*\*\*\*900.00-\*\*\*\*900.00

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 Sharain Newman Date 08/07/01

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.	Sharain Newman	3552 W. Tree Tops Ct.	Davie, FL 33328

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: Sharain Newman Date 08/07/01 Daytime Phone # 954-424-4240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)