PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000061148**

1. Corporation Name

ROSEHORSE, INC.

REINSTATEMENT 03

300023900343
10/17/03--01033--023 **150.00

Principal Place of Business	Mailing Address
1508 SE 2ND ST. POMPANO BEACH FL 33060	1508 SE 2ND ST. POMPANO BEACH FL 33060

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

4. Date Incorporated or Qualified To Do Business in Florida: **06/18/2001**

5. FEI Number: **65-1127516** ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COLOSIMO, ROBERT J	1508 SE 2ND ST.	POMPANO BEACH FL 33060
D	COLOSIMO, DONNA W	1508 SE 2ND ST.	POMPANO BEACH FL 33060

10/22

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COLOSIMO, ROBERT J 1508 SE 2ND ST. POMPANO BEACH FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date:

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 10-13-3 954-972-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10-13-3

To Whom it may Concern,

I don't recall ever receiving an annual report / uniform business reports form, (UBR) for 2003.

I immediately called my accountant and they advised me to send a check. They also told me that I would receive one of these forms every January.

So sorry for the mix up. Please contact me at 954-972-0038 if needed.

Thank-You

Donna W. Colosimo