

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 319351

1. Corporation Name

FLOROCK SOUTH, INC.

2. Principal Office Address

9950 Sunderson Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

USA

3. Mailing Office Address

9950 Sunderson Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

USA

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

7-26-67

5. FEI Number

59-1171592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

Mr. Aaron D. Kile

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

9950 Sunderson Street

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32825

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

Aaron D. Kile

REGISTERED AGENT MUST SIGN

Date 12-5-02

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
P	Aaron D. Kile	9950 Sunderson Street	Orlando, FL 32825
VP	Larry D. Kile	9950 Sunderson Street	Orlando, FL 32825
ST	Ethel S. Kile	9950 Sunderson Street	Orlando, FL 32825

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:

Aaron D. Kile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-02

Date

(229) 436-2139

Daytime Phone #