

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 568012

1. Corporation Name

ROSSON COMPANY, INC.

Principal Place of Business
1460 GEORGE JENKINS BLVD.
LAKELAND FL 33801
US

Mailing Address
742 EAST LOWELL STREET
LAKELAND FL 33805

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 1533 Jae Place	4. Date Incorporated or Qualified To Do Business in Florida 04/06/1978
City & State	City & State Lakeland, FL	5. FEI Number 59-1822772 Applied For Not Applicable
Zip	Zip 33803	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROSSON, GENE T.	742 E. LOWELL STREET	LAKELAND FL
STD	ROSSON, ELAINE D.	742 E. LOWELL STREET	LAKELAND FL
PP	Rosson, Gene T.	1533 Jae Place	Lakeland, FL 33803
STD	Rosson, Elaine D	1533 Jae Place	Lakeland, FL 33803

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROSSON, GENE T. 742 E LOWELL ST LAKELAND, FL 33805		Name Rosson, Gene T Street Address (P.O. Box Number is Not Acceptable) 1533 Jae Place Suite, Apt. #, Etc. City Lakeland	

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-18-2000

CR2040 (8/00)

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
Shane Rosson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00 863-686-5686
Date Daytime Phone #