

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 568012

1. Corporation Name

ROSSON COMPANY, INC.

Principal Place of Business

Mailing Address

1480 GEORGE JENKINS BLVD.
LAKELAND FL 33801
US

742 EAST LOWELL STREET
LAKELAND FL 33805

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

1533 Jae Place

Lakeland, FL

33803

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1978

5. FEI Number

59-1822772

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	4 City / State / Zip
PD	ROSSON, GENE T.	742 E. LOWELL STREET	LAKELAND FL
STD	ROSSON, ELAINE D.	742 E. LOWELL STREET	LAKELAND FL
PD	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

ROSSON, GENE T.
742 E LOWELL ST
LAKELAND, FL
33805

9. Name and Address of New Registered Agent

Name

Rosson, Gene T

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

1533 Jae Place

Suite, Apt. #, Etc.

0000005455120-0

City

Lakeland

-11/07/00--01062--025

****750.00 zip 33803 750.00

FL

33803

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00

Daytime Phone #

863-686-5686