

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 09 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 670792

1. Corporation Name

Rosewood Enterprises, Inc.

2. Principal Office Address

1084 Flagler Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 492460

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34748

Country

USA

City & State

Leesburg FL

Zip

34749

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5-21-80

5. FEI Number

592063972

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

Anthony E. Stultz

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

201 Miller Street

Suite, Apt. #, Etc.

000038913890

07/09/04 01009 012 \*\*1200.00

City

Fruitland Park

State

FL

Zip Code

34731

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

*[Signature]*

Date

7/6/04

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
PD	Anthony E. Stultz	201 Miller Street	Fruitland Park, FL
STD	Joyce J. Stultz	201 Miller Street	Fruitland Park, FL 34731
			34731

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/6/04

Daytime Phone #