## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

F01000001557 **DOCUMENT#** 

1. Corporation Name

ROARK INDUSTRIES, INC.

Principal Place of Business

Mailing Address

7239-MARIEDW PLACE UNIVERSITY\_PARK\_FL-04201 44234

7239 MARLOW PLACE UNIVERSITY PARK FL 34201 FILED

بمناهر

02 OCT 28 PH 2: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



				REIN	STATEMENT 2	2002
If above addresses are incorrect in any way, line thr  2. New Principal Office Address, If Applicable  YY 33 S. Tamiam: Trail  Suite, Apt. #, etc.  City & State  Sarasofa, FL	ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  (25-0413666  Not Applied For Not Applicable		Applied For Not Applicable	
Zip 34331 Country	Zip		Country	, ·	E OF STATUS DESIRED X 58.75 Addition for a Certification	nal Fee required cate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)		· · · · · · · · · · · · · · · · · · ·
Title(s) Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip	
PSTD DOWDELL III, RODGER B		7239 MARLOW PLACE			UNIVERSITY PARK FL 34201	
D DOWDELL, KERRI		7239 MARLOW PLACE			UNIVERSITY PARK FL 34201	
				<b>4</b> € 10/28/	0008634864 0201110029 **750	.00
				4 <u>0</u> 	    0008634864   <del>02-01110-030-**8.75</del>	5
Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
DOWDELL, RODGER B III 7239 MARLOW PLACE UNIVERSITY PARK FL 34201			Name Street Address (I		is Not Acceptable)	
			City		State Zip Code	Э
10. I, being appointed the registered agent of the above				oligations of Section	on 607.0505, F.S. or 617.0505, F.S.	
	WIRE GISTERED AGE		QUIRED		Date 10/21/07	

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 filling 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