

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP -9 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # FD1000003439

1. Corporation Name

Rossi Electric Co Inc of RI

800023110928  
09/16/03--01070--010 \*\*900.00

2. Principal Office Address

1430 Railroad Blvd

Suite, Apt. #, etc.

#10

City & State

NAPLES, FL

Zip

34110

Country

3. Mailing Office Address

136 Lurbridge St

Suite, Apt. #, etc.

City & State

Cranston, RI

Zip

02920

Country

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

6/27/61

5. FEI Number

05-0476185

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Vincent A. Rossi

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

28710 Altesta Way

Suite, Apt. #, Etc.

Unit 102

City

Bonita Springs

State

FL

Zip Code

34135

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]

REGISTERED AGENT MUST SIGN

Date

9/8/03

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	<u>Vincent A. Rossi</u>	<u>136 Lurbridge St</u>	<u>Cranston, RI 02920</u>
S	<u>John P. Ciaccarelli</u>	<u>L</u>	<u>L</u>

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. Ciaccarelli 9/8/03 401-943-5894

per John Ciaccarelli  
9/10/03

CR2E081 (10/02)