

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000003293**

1. Corporation Name

1 ROST, INC.

Principal Place of Business

**7411 114TH AVE. SUITE 308
LARGO FL 33773**

Mailing Address

**7411 114TH AVE. SUITE 308
LARGO FL 33773**



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3678961

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CPS	SIMMONS, DIANE	7411 114TH AVE. SUITE 308	LARGO FL 33773

800023870198
10/17/03-01016-034 ****\$58.75**

8. Name and Address of Current Registered Agent

**SIMMONS, DIANE
8825 LAUREL DR.
PINELLAS PARK FL 33782**

9. Name and Address of New Registered Agent

Name **Diane Simmons**
Street Address (P.O. Box Number is Not Acceptable)
8619 Laurel Drive
Suite, Apt. #, Etc.
City **Pinellas Park** State **FL** Zip Code **33782**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/13/03**

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

DIANE N. SIMMONS

10/13/03

Date

727 547 5450

Daytime Phone #

CR2E040 (7/03)