

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 NOV -3 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F71388**

1. Corporation Name

ROTH OFFICE SUPPLY, INC.

Principal Place of Business

2960 STIRLING RD.
P.O. BOX 7177
HOLLYWOOD FL 33020
US

Mailing Address

2960 STIRLING RD.
P.O. BOX 7177
HOLLYWOOD FL 33081
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1982

5. FEI Number

59-2170664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT



900024376569
11/03/03--01036--020 **158.75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROTH, DUKE	449 GOLDEN BCH. DR.	GOLDEN BCH FL 33160
STD	ROTH, RITA	1880 S. OCEAN DR.	HALLANDALE FL 33009
STD	ROTH, SAM	1880 S. OCEAN DR.	HALLANDALE, FL 33009

8. Name and Address of Current Registered Agent

ROTH, SCOTT
2960 STIRLING RD.
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

SAM ROTH

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

1880 S. OCEAN DR.

Suite, Apt. #, etc.

City

HALLANDALE

State

FL

Zip Code

33009

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

10/29/03

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

10/29/03

Date

Daytime Phone #

CR2E040 (7/03)

Roth Office Supply, Inc.
2960 Stirling Road
Hollywood, FL 33020-1032
954-966-9400

October 22, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #F71388

Dear Department of State:

I am in receipt of a notice of Administrative Dissolution for the above referenced document number. My wife, Rita Roth, always handled the bookkeeping for our company. In 2002, my wife became seriously ill and could not even come to the office. For a brief period she helped us from home. She passed away in June 2003 and in her absence my son and I have taken over her duties. I do not recall ever seeing a notice similar to the dissolution from the Department of State. I have searched the office and home and cannot find the original report or reminder notice.

I am enclosing a check in the amount of \$158.75 representing the annual filing fee and certificate of status. I would appreciate the reinstatement fee being waived since to my knowledge, I have never received the original annual reports.

Please contact me if you require any further information.

Sincerely,



Sam Roth

Enclosures