

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 10 PM 1:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000001081

1. Corporation Name

ROXCO, LTD. INCORPORATED

400024576674
11/10/03--01117--027 **1358.75

REINSTATEMENT 99-07

2. Principal Office Address

460 Briarwood Drive

3. Mailing Office Address

P.O. Box 64

Suite, Apt. #, etc.

Suite 415

Suite, Apt. #, etc.

City & State

Jackson, MS

City & State

Brandon, MS

Zip

39206

Country

USA

Zip

39043-0064

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

3/7/95

5. FEI Number

64-0650724

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

Devine, Goodman, Pallot & Wells, P.A.

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

777 Brickell Avenue

Suite, Apt. #, Etc.

Suite 850

City

Miami

State

FL

Zip Code

33131

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

Devine Goodman Pallot & Wells, P.A.

By: *[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/4/03

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/D	Benjamin O. Turnage, Jr.	460 Briarwood Dr., Suite 415	Jackson, MS 39206

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

Benjamin O. Turnage, Jr.

11/4/03

Date

601-956-9600

Daytime Phone #

CR2E081 (10/02)