

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 22 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000022613290

08/27/03--01056--018 **900.00



DOCUMENT # F95000005074

1. Corporation Name

NUROCK CORPORATION

Principal Place of Business

Mailing Address

5920 ROSWELL ROAD, STE B107-184
ATLANTA GA 30328

5920 ROSWELL ROAD, STE B107-184
ATLANTA GA 30328

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

REINSTATEMENT

0203

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

227 Sandy Springs Place
Suite, Apt. #, etc.
D103-187

227 Sandy Springs Place
Suite, Apt. #, etc.
D103-187

City & State
Atlanta GA

City & State
Atlanta GA

Zip 30328 Country USA

Zip 30328 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1995

5. FEI Number

58-2110608

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT	HOSKINS, ROBERT	4148 WESTCHESTER CROSSING	ROSWELL GA 30075
SD	HOSKINS, SANDRA	4148 WESTCHESTER CROSSING	ROSWELL GA 30075

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
INC.
390 NORTH ORANGE AVENUE, STE 1100
ORLANDO FL 32801

Name Richard Hoskins
Street Address (P.O. Box Number is Not Acceptable)
4243 North Lake Blvd, Suite D
Suite, Apt. #, Etc.
City Palm Beach Gardens State FL Zip Code 33410

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

8/21/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03 (770) 553-8620

CR2E040 (8/02)