

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004777

1. Corporation Name

Rohm Services Corporation

2. Principal Office Address - No P.O. Box #

740 EAST AVENUE

Suite, Apt. #, etc.

City & State

ROCHESTER, NEW YORK

Zip

14607

Country

Monroe

3. Mailing Office Address

740 EAST AVENUE

Suite, Apt. #, etc.

City & State

ROCHESTER, NEW YORK

Zip

14607

Country

Monroe

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1997

5. FEI Number

16-0984022

☐ 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

Lorna J. Scharlacken, Esq. C/O Harter, Secrest & Emery LLP

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

5551 Ridgewood Drive,

Suite, Apt. #, Etc.

Suite 405

City

Naples

State

FL

Zip Code

34108

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

See Attach

Date

REGISTERED AGENT MUST SIGN

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
Chairman	Robert H. Hurlbut	740 East Avenue	Rochester, NY 14607
Pres, Treas	Robert W. Hurlbut	740 East Avenue	Rochester, NY 14607
VP, Sec	Christine A. Hurlbut	740 East Avenue	Rochester, NY 14607
Director	Robert H. Hurlbut	740 East Avenue	Rochester, NY 14607
Director	Robert W. Hurlbut	740 East Avenue	Rochester, NY 14607
Director	Christine A. Hurlbut	740 East Avenue	Rochester, NY 14607

10. E-mail Address: **dmart@rohmservices.com**

(To be used for future annual report notification)

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. I further certify 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:

Robert W. Hurlbut

Robert W. Hurlbut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2011

Date

585-244-0410

Daytime Phone #

FILED

11 APR -5 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

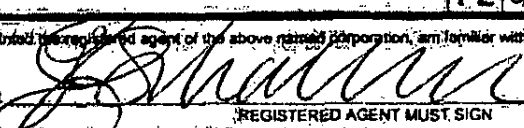
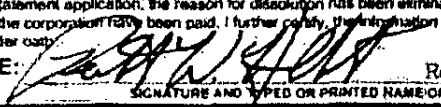
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RECEIVED (6/10)

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #F97000004777			
1. Corporation Name Rohm Services Corporation			
2. Principal Office Address - No P.O. Box # 740 EAST AVENUE		3. Mailing Office Address 740 EAST AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROCHESTER, NEW YORK		City & State ROCHESTER, NEW YORK	
Zip 14607	Country Monroe	Zip 14607	Country Monroe
4. Date incorporated or Qualified To Do Business in Florida: 09/24/1997		CR2E081 (6/10)	
5. Fee Number 16-0984022		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒		§ 675 Annual Report for a corporation of State	
7. Name and Address of Current Registered Agent			
Name Lorna J. Scharlacken,			
Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Boulevard			
Suite, Apt. #, Etc. Suite 600			
City Naples		State FL	Zip Code 34108
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:  Date: 4/5/11 REGISTERED AGENT MUST SIGN			
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
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Director	Christine A. Hurlbut	740 East Avenue	Rochester, NY 14607
10. E-mail Address: dmart@rohmservices.com (To be used for future annual report notification)			
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. 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. I further certify 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:  Robert W. Hurlbut 3/30/2011 585-244-0410 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			