

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -7 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H29984**

1. Corporation Name  
**ROSBON, INC.**

Principal Place of Business  
C/O SAM I. REIBER  
601 E. TWIGGS STREET, #200  
TAMPA FL 33602

Mailing Address  
C/O SAM I. REIBER  
601 E. TWIGGS STREET, #200  
TAMPA FL 33602



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/15/1984	
City & State		City & State		5. FEI Number	
Zip		Zip		47-7560771	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FINGERHUT, RONALD	601 E. TWIGGS ST, #200	TAMPA FL
D	REIBER, SAM I.	601 E. TWIGGS ST., #200	TAMPA FL
D	FABRICANT, NEIL	601 E. TWIGGS ST., #200	TAMPA FL
D	BUCHMAN, JACOB M.	601 E. TWIGGS ST., #200	TAMPA FL

**REINSTATEMENT** 1996  
J. M. ...  
H-7-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
REIBER, SAM I. 601 E TWIGGS STR STE 200 TAMPA FL 33602		Name: 800002003878--4 -11/13/96--01192-012 Street Address (P.O. Box Number is Not Accepted): ***375.00 ***375.00 Suite, Apt. #, Etc. City: State: FL Zip Code:	

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.  
Signature of Registered Agent: [Signature] **SIGNATURE REQUIRED** Date: \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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] **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2040 (7/96)