PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

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

FILED
03 AUG 11 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/09/03--01025--006 **600.00

DOCUMENT # H69427

1. Corporation Name
ROSU INC

2. Principal Office Address
3352 PRIMROSE LANE
Suite, Apt. #, etc.
City & State
MIMS FL
Zip 32754
Country USA

3. Mailing Office Address
219 Lillian Avenue
Ste, Apt. #, etc.
City & State
Syracuse NY
Zip 13206
Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/01/1985

5. FEI Number 59-2702022
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
Eugina Owen
Street Address (P.O. Box Number is Not Acceptable)
3352 Primrose Lane
Suite, Apt.#, Etc.
City
Mims Florida
State FL
Zip Code 32754

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 Eugina M. Owen
REGISTERED AGENT MUST SIGN
Date 06-27-03

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
PTD	OWEN Eugina	219 Lillian Avenue	Syracuse NY 13206
VSD	OWEN, SUsan	219 Lillian Avenue	Syracuse NY 13206

REINSTATEMENT TS 06-03

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: Eugina M. Owen Eugina Owen, President 315 437-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #