

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000003457

1. Corporation Name
The Rock Center, Inc.

2. Principal Office Address
4388 Real Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32808

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 5/22/2000

5. FEI Number
59-3645945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

2001 UBR

7. Name and Address of Current Registered Agent

Name
Nelson Stone

Street Address (P.O. Box Number is Not Acceptable)
4388 Real Court

Suite, Apt. #, Etc.

City
Orlando,

State
FL

Zip Code
32808

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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

Nelson Stone
REGISTERED AGENT MUST SIGN

Date October 16, 2001

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
PD	Nelson Stone	4388 Real Court	Orlando, FL 32808
VP D	Frances Stone	4388-Real Court	Orlando, FL 32808
T	Robert Culton, II	P.O. Box 56824	Orlando, FL 32856-8624

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:

Nelson Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01

Date

(407) 908-6466

Daytime Phone #

CR2001 (9/00)

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THE ROCK CENTER, INC.

4388 Real Court
Orlando, Florida 32808
Phone: (407) 908-6466
Fax: (407) 657-0248

October 16, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


RE: The Rock Center, Inc.

Dear Sir or Madam:

Enclosed is a reinstatement form along with the applicable fees for the entity stated above. Per my conversation with your office I mailed my annual UBC report on May 2, 2001. I verified with my bank that the check I mailed to The Department of State is still outstanding in my bank account. I will place a stop payment on my check and reissue another check for \$61.25

I am appreciative if you would accept this reinstatement request and waive the reinstatement fee of \$175.00 for 2001. If you have any questions please do not hesitate to contact my assistant, Patricia Brown or me.

Very truly yours,


Nelson Stone

NS/pb