

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 19 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004122

1. Corporation Name

P&M Ross, Inc.

2. Principal Office Address

3200 Tamiami Trail N.

3. Mailing Office Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/13/2000

5. FEI Number

58-2518478

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

Carrie E. Lademan

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

3200 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 200

City

Naples

State

FL

Zip Code

34103

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

Carrie E. Lademan

Date

2/18/02

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
P/T/D	Paul Ross	5810 14th Avenue N.W.	Naples, FL 34119
V/S/D	Michelle Ross	5810 14th Avenue N.W.	Naples, FL 34119

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-02

Daytime Phone #

CR2E081 (9/01)

2012

February 18, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: P & M Ross, Inc.
Document No. P00000004122

Dear Ladies & Gentleman:

Please allow this letter to confirm that we did not receive any Notices and/or Uniform Business Reports for the years 2001 and 2002, which was confirmed by your office during our telephone conversation of this date.

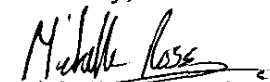
Since we did not receive any notices and/or Uniform Business Reports that were apparently required to be filed to maintain the corporation in good standing, we are requesting that the reinstatement fee be waived.

We are enclosing the following information as advised by your office in our telephone conversation:

1. Original Corporation Reinstatement; and
2. Check in the amount of \$308.75 payable to the Florida Department of State to reinstate the corporation and provide a Certificate of Status (which I understand to be the cost of filing the UBR's for year 2001 and 2002).

Thank you for your cooperation with this matter. Should you have any questions, please feel free to contact me at (941) 641-1152.

Sincerely,



Michelle Ross, Vice President
P&M Ross, Inc.