

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000036877

1. Corporation Name

~~RC Strousse Inc~~

RC STROUSE, INC

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

262 Marjorie Blvd

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

Seminole

3. Mailing Office Address

262 MARJORIE BLVD.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

SEMINOLE

FILED

10 MAY 27 AM 11: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

800181436958

05/27/10--01048--018 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/2000

5. FEI Number

59-3173054

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

RUSSELL C. STROUSE

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

262 MARJORIE BLVD.

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Russell C. Strouse

REGISTERED AGENT MUST SIGN

Date 5-25-10

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	RUSSELL C. STROUSE	262 MARJORIE BLVD.	LONGWOOD, FL 32750
T	JUDITH M. STROUSE	262 MARJORIE BLVD.	LONGWOOD, FL 32750
S	DIANA L. SCHROCK	66448 CEDAR RD.	WAKARUSA, IN 46573

205/28

10. E-mail Address: NONE

(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:

Russell C. Strouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-25-10 407 247768 3