

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000072425**

1. Corporation Name

ROCK BOILY ENTERPRISE, INC.

Principal Place of Business

1291 S.W. 29TH LANE
FT. LAUDERDALE FL 33312

Mailing Address

1291 S.W. 29TH LANE
FT. LAUDERDALE FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

04 AUG -9 PM 2:09

SECRETARY OF STATE
FLORIDA

700040019577

08/03/04--01077--008 **300.00



4. Date Incorporated or Qualified
To Do Business in Florida

07/28/2000

5. FEI Number

65-1028186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PSD	BOILY, ROCK	1291 S.W. 29 A TERRACE	FT. LAUDERDALE FL 33312
ST	BOILY, JOANNE	9080 N.W. 25TH COURT	SUNRISE FL 33322

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOILY, ROCK
1291 S.W. 290TH TERRACE
FT. LAUDERDALE FL 33312

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Rock Boily
REGISTERED AGENT MUST SIGN

Date

8/5/04

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 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:

Rock Boily
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/5/04

Daytime Phone #

CR2E040 (7/03)

Ps 282

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is an application for Reinstatement for Rock Bolly Enterprises, Inc. We ask that you waive the reinstatement fees due to the fact that the uniform business report notices for 2003 and 2004 were never received.

Enclosed is a check for \$300.00 for the annual filing fee for each year.
Thank you.

Sincerely,

Rock Bolly

A handwritten signature in black ink, appearing to read "Rock Bolly", written in a cursive style.