

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:00

DOCUMENT # P00000076362

1. Corporation Name

ROVERCITY, ~~CO. INC.~~
INC.

2. Principal Office Address

1792 Pine Bay Dr.

Suite, Apt. #, etc.

LAKE MARY

City & State

FLORIDA

Zip

32746

Country

SEMINOLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-03

9/18/01 90006 044 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/8/2000

5. FEI Number

593664601

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

MOHAMED KASSAM

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

1792 PINE BAY DR.

Suite, Apt. #, Etc.

LAKE MARY FL

City

State

FL

Zip Code

32746

000026219690

01/06/04--01087--005

\$300.00

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

[Signature]

Date

12/31/03

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 |
|-----------|--------------------------------------|---|--------------------|
| President | MOHAMMED KASSAM | 1792 Pine Bay Dr. | LAKE MARY FL 32746 |
| V. Pres | Fayrah M. KASSAM | 1792 Pine Bay Dr | LAKE MARY FL 32746 |
| | | | |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/03

Date

407 833-0312

Daytime Phone #

CR2E081 (10/02)

12/31/03

292

ER673391595US


TO WHOM IT MAY CONCERN.

I, MOHAMED DID NOT RECEIVE
CORRESPONDENCE FROM YOUR OFFICE D/D
9/19/2001 REQUESTING CORRECTION BE MADE
ON MY FORM.

PLEASE WAIVE REINSTATEMENT FEES FOR 2001
2002
2003
YOU DID RECEIVE THE INITIAL \$150.00 D/D
9/18/01 AND THE CHQ WAS CASHED.

I APPRECIATE YOUR ASSISTANCE

THANKING YOU

MOHAMED KASSAM
ROVERCITY 

N.B. CHQ.

ATTACHED.

300/-