

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111014

1. Corporation Name

ROVINSKY AND ASSOCIATES, INC.

2. Principal Office Address

7122 WAREHAM DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

7122 WAREHAM DRIVE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33647

Country

USA

Zip

33647

Country

USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 2000

5. FEI Number

59-3717027

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

TONY L. ROVINSKY

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

7122 WAREHAM DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

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

Tony L. Rovinsky

REGISTERED AGENT MUST SIGN

Date

April 25, 2005

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
PRES.	TONY L. ROVINSKY	7122 WAREHAM DR.	TAMPA, FL 33647
T	"	"	"
S	"	"	"
V	"	"	"
			800054340658 05/12/05--01074--002 **450.00

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:

TONY L. ROVINSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25th 2005

Date

813-910-8730

Daytime Phone #

519aw

2/2

April 25, 2005

Secretary of State-Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement Section

Re: Rovinsky and Associates, Inc.
Document #P00000111014

To Whom It May Concern:

I am writing to respectfully request reinstatement of my corporation, Rovinsky and Associates, Inc. The document number is #P00000111014.

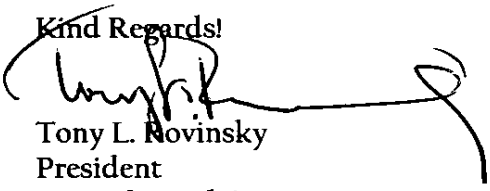
I have just spoken with a very nice lady in your re-instatement office and received instructions on filing this reinstatement request. She asked me to request a waiver of the \$600.00 reinstatement fee based on the fact that my address changed and I DID NOT receive the notice of revocation (non-receipt of prior notices). I therefore am respectfully requesting a waiver of the \$600.00 reinstatement fee based on not receiving notice due to a change of address.

I was also asked to note that your department has on file \$150.00 that I would like to have credited against this re-instatement transaction. She informed me that I should enclose a check for \$450.00 in order to have this re-instatement completed. Please find enclosed a check in the amount of \$450.00 as requested.

Enclosed is the Corporation Reinstatement form which lists the necessary information for reinstatement.

Should you have any questions, do not hesitate to contact me at 813.910.8735. As you can see on the reinstatement form, my new address is 7122 Wareham Drive, Tampa, Florida 33647.

Kind Regards!


Tony L. Rovinsky
President
Rovinsky and Associates, Inc.