

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 16 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029441

1. Corporation Name

ROONEY REALTY

2. Principal Office Address

1119 6th AVE

Suite, Apt. #, etc.

SUITE A

City & State

VERO BEACH FL

Zip

32960

Country

USA

3. Mailing Office Address

1119 6th AVE

Suite, Apt. #, etc.

SUITE A

City & State

VERO BEACH FL

Zip

32960

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2001

5. FEI Number

65-1087545

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

SPIEGEL & UTRERA, P.A.

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

1840 SW 22ND ST.

Suite, Apt. #, Etc.

4th FLOOR

City

MIAMI FL 33145

State

FL

Zip Code

33145

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

Date

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
PSTD	ROONEY, JOSEPH F.X.	380 MARRISA DR	VERO BEACH FL 32960

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

JOSEPH F.X. ROONEY

Joseph F.X. Rooney

Date

Daytime Phone #

9 Dec 03 772 563-2738

CR2E081 (1/0/02)

Dec 9, 03

Florida Department of State
Division of Corporation

Please see my Nov 7 letter. I sent that
letter with the document. I filled out
a new document and also a copy of
the one I sent with my check.

Thank-you

Joe Rooney
Broker 