

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 NOV 30 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000044759**

1. Corporation Name

Rouse Enterprises, Inc.

2. Principal Office Address

7259 Freedom Court

Suite, Apt. #, etc.

City & State

Navarre, Florida

Zip  
32566

Country

Santa Rosa

3. Mailing Office Address

7259 Freedom Court

Suite, Apt. #, etc.

City & State

Navarre, Florida

Zip  
32566

Country

Santa Rosa

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

April 30, 2001

5. FEI Number

59-3720708

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

Tyshon Lamont Rouse

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

7259 Freedom Court

Suite, Apt. #, Etc.

City

Navarre, Florida

State

FL

Zip Code

32566

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
Owner/President	Tyshon Lamont Rouse	7259 Freedom Court	Navarre, Florida

500082370135  
12/07/06--01055--007 \*\*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 contained in Chapter 119, 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

Date

850-939-7617

Daytime Phone #

K. Eckel NOV 30 2006

To. Whom it May Concern.

2/2

Rouse Enterprises Inc. did not receive a notice  
to dissolve the corporation in 2004

Jyhan Rouse