

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 17 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061148

1. Corporation Name

ROSEHORSE, INC.

Principal Place of Business

1508 SE 2ND ST.  
POMPANO BEACH FL 33060

Mailing Address

1508 SE 2ND ST.  
POMPANO BEACH FL 33060

REINSTATEMENT 03



300023900343  
10/17/03--01033--023 \*\*150.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/2001

5. FEI Number

65-1127516

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COLOSIMO, ROBERT J	1508 SE 2ND ST.	POMPANO BEACH FL 33060
D	COLOSIMO, DONNA W	1508 SE 2ND ST.	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

COLOSIMO, ROBERT J  
1508 SE 2ND ST.  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-3 954-972-0038

10-13-3

To Whom it may Concern,

I don't recall ever receiving an annual report / uniform business reports form, (UBR) for 2003.

I immediately called my accountant and they advised me to send a check. They also told me that I would receive one of these forms every January.

So sorry for the mix up.  
Please contact me at 954-972-0038 if needed.

Thank-You

Donna W. Colosimo