

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -7 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061908

1. Corporation Name

ROSSELLINI INC.

Principal Place of Business

1002 N. MONROE ST.
TALLAHASSEE FL 32301

Mailing Address

1002 N. MONROE ST.
TALLAHASSEE FL 32301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1002 N. MONROE ST.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

Suite, Apt. #, etc.

1002 N. MONROE ST.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

59-3726549

☒ 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
P	ANTONIO BIANCO	514 STONEHOUSE RD.	TALLAHASSEE, FL 32301
M	RUTHIE BIANCO	514 STONEHOUSE RD.	TALLAHASSEE, FL 32301

8. Name and Address of Current Registered Agent

BIANCO, ANTONIO
514 STONEHOUSE DR.
TALLAHASSEE FL 32303

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

October 29, 2002

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:

Ruthie Bianco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02 (850) 224-3600
Date Daytime Phone #

CR2E040 (8/02)

October 29, 2002

To Whom It May Concern,

This letter is to certify that
Russellini Inc. never received previous
notice of a uniform business report
for 2002.

Sincerely,
Ruthie Bianco