

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 NOV 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080754

1. Corporation Name

ROESE INC.

Principal Place of Business

Mailing Address

17941 KROCUS STREET
FOUNTAIN FL 32438

17941 KROCUS STREET
FOUNTAIN FL 32438

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12308 ROYCE ROAD

FOUNTAIN, FL.

32438

US

REINSTATEMENT

03



400024850804

11/19/03--01020--014 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2001

5. FEI Number

59-3743878

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
PD	ROESE, BETTY	17941 KROCUS STREET	FOUNTAIN FL 32458

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROESE, BETTY
17941 KROCUS STREET
FOUNTAIN FL 32458

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

Betty Roese
REGISTERED AGENT MUST SIGN

Date 11-18-03

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:

Betty Roese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-03 (850) 722-5473

Date

Daytime Phone #

CR2E040 (7/03)

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

I did not receive the previous notices concerning my corporate filing.

Enclosed is my check for \$150.00 and my signed reinstatement form.

Please allow this reinstatement without penalty.

Thank you,

Betty Roese Date 11-18-03

Betty Roese
President