

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 24 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089762

1. Corporation Name

RPS Rollformers, Inc.

2. Principal Office Address

302 4th Avenue

Suite, Apt. #, etc.

City & State

Welaka, Fl

Zip

32193

Country

USA

3. Mailing Office Address

P.O. Box 684

Suite, Apt. #, etc.

City & State

Welaka, Fl

Zip

32193

Country

USA

300060898553
10/24/05--01056--032 **1200.00

REINSTATEMENT 02-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3744031

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

Alan Ives

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

111 Teronda Rd

Suite, Apt. #, Etc.

City

Welaka

State

FL

Zip Code

32193

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

REGISTERED AGENT MUST SIGN

Date 10-20-05

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | Alan Ives | P.O. Box 684 | Welaka, Fl 32193 |
| VP | Aimee Ives | P.O. Box 684 | Welaka, Fl 32193 |
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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

Date

Daytime Phone #

ALAN IVES

10-20-05