

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 21 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

PO 2000023582  
R. ROSE STUCCO INC.

2. Principal Office Address

2147 BARTRAM Rd

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32207

Country

DUVAI

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

03/23/04 01095 020 \$167.50

4. Date Incorporated or Qualified  
To Do Business in Florida

31/1/2002

5. FEI Number

043612824

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

NANCY L. ROBINSON

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

2147 BARTRAM Rd

Suite, Apt. #, Etc.

City

JACKSONVILLE

000030942570

05/28/04--01049--010 \*\*138.50

State  
FL

Zip Code

32207

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

Nancy L. Robinson

Date

3/22/04 NR

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
P	RICHARD L. ROSE	5800 BARNES RD. Apt. 112	JACKSONVILLE FL 32216
VP	RONALD E. ROBINSON	2147 BARTRAM Rd	JACKSONVILLE FL 32207
S/T	NANCY L. ROBINSON	2147 BARTRAM Rd	JACKSONVILLE FL 32207
			000030942570
			03/23/04--01095--020 **167.50

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:

Nancy L. Robinson NANCY L. ROBINSON

Date

3/17/04 904-249-0822

Daytime Phone #

CR2501 (01/04)