

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000025186

1. Corporation Name

ERNEST H. ROCKHILL, INC.

Principal Place of Business

5737 NW 48TH CT.
CORAL SPRINGS FL 33067

Mailing Address

5737 NW 48TH CT.
CORAL SPRINGS FL 33067

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

2. New Principal Office Address, If Applicable

17839 S.E. 87 MELROSE CT.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

17839 SE 87 MELROSE CT.
Suite, Apt. #, etc.

City & State

The Villages FL.

City & State

The Villages FL.

Zip

32159

Country

Marion

Zip

32159

Country

Marion

REINSTATEMENT

07

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2002

5. FEI Number

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

President

ERNEST H. ROCKHILL

17839 SE 87 MELROSE CT

The Villages FL. 32159

500024329905
10/31/03--01028--011 **150.00

8. Name and Address of Current Registered Agent

ROCKHILL, ERNEST H
5737 NW 48TH CT
CORAL SPRINGS FL 33067

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

Date

REGISTERED AGENT MUST SIGN

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:

Ernest H. Rockhill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

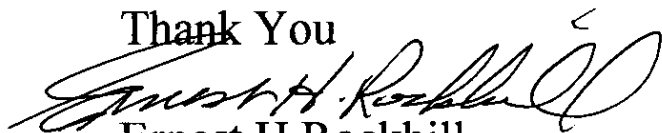
10-28-03 352-259-2474

Daytime Phone #

CR2E040 (7/03)

Enclosed is my check for \$150.00, I never received any notice before receiving this notice of cancellation, please except this check in payment.

Thank You

A handwritten signature in cursive script, appearing to read "Ernest H. Rockhill", with a large, stylized flourish at the end.

Ernest H. Rockhill