

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 10 PM 1:52

DOCUMENT # **P02000029454**

1. Corporation Name

Rrooster Inc.

2. Principal Office Address - No P.O. Box #

1350 B Oceanshore Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

73 Coquina Dr

Suite, Apt. #, etc.

City & State

Ormond Beach, Fl.

Zip

32174

Country

Volusia

City & State

Ormond Beach, Fl.

Zip

32174

Country

Volusia

7. Name and Address of Current Registered Agent

Name

Margaret Hayes

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

73 Coquina Dr

Suite, Apt. #, Etc.

Ormond

City

Ormond Beach

State

FL

Zip Code

32174

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

Margaret Hayes

REGISTERED AGENT MUST SIGN

Date **3-8-10**

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
PTSM	Margaret Hayes	73 Coquina Dr	Ormond, Fl 32174
VP	Len Ruester	73 Coquina Dr	Ormond, Fl 32174

* 09/05/03 90103 039 \$150.00

10. E-mail Address: **rhayes1@aefl.m.com**

(To be used for future annual report notification)

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. I further certify, 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:

Margaret Hayes Margaret Hayes

3-8-2010

386-672-6605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/02

5. FEI Number

030401053

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

KS

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