

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 23 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000036838

1. Corporation Name

Rock House, Inc.

2. Principal Office Address

5120 SW 40th Ave

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

7-A

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

Country

33314

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-02

5. FEI Number

36-4493161

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

Eric Wolkoff

100024057681

10/23/03--01089--018 **70.00

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

2031 Sacramento

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

[Signature]

Date 10-16-03

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
Pres.	Eric Wolkoff	2031 Sacramento	Weston FL 33326
Vice Pres	Chris Topouzis	5120 SW 40th Ave 7-A	Ft. Lauderdale, FL 33314

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] Eric Wolkoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03

Date

305-450-3942

Daytime Phone #

CR2001 (10/02)

20 10/28