

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000040567**

1. Corporation Name

ROCHESTER MASS FINISHING CORPORATION

Principal Place of Business

Mailing Address

1541 HARBOR CAY LANE
LONGBOAT KEY FL 34236

1541 HARBOR CAY LANE
LONGBOAT KEY FL 34236

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2002

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
P	WALKER, DAVID A	1541 HARBOR CAY LANE	LONGBOAT KEY FL 34236

200024169052
10/27/03--01075--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, DAVID A
1541 HARBOR CAY LANE
LONGBOAT KEY FL 34236

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. WALKER

Date

Daytime Phone #

941-387-0643

CR20040 (7/03)



October 23, 2003

Florida Department of State
409 East Gains Street
Tallahassee Florida 32399

Gentlemen,

We are submitting the application for reinstatement for Rochester Mass Finishing Corporation Document # P02000040567 along with our firm check for \$150.00.

The original annual report, which is enclosed, was mailed, but was not processed and was returned to the Company in error. Their check was never cashed. We are submitting the required \$150 annual report fee and ask that the reinstatement fee be waived, as we did not receive the report back until after revocation.

Very truly yours,


Joseph P. Grymin CPA

585-248-6085

jgrymin@rochester.rr.com