

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 NOV -5 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



500024449535
11/05/03--01046--013 **150.00

DOCUMENT # P02000070269

1. Corporation Name

ROSE CHILDRESS LMT INC

Principal Place of Business

1066 SW PROVINCETOWN LANE
PORT ST. LUCIE FL 34953

Mailing Address

1066 SW PROVINCETOWN LANE
PORT ST. LUCIE FL 34953

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/2002

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President
Vice-President

ROSE CHILDRESS

744 SW Palermo Rd

PSL, FL 34987

Bryan Childress

same

8. Name and Address of Current Registered Agent

CHILDRESS, ROSE
1066 SW PROVINCETOWN LANE
PORT ST. LUCIE FL 34953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

PSL,

FL

34987

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

Rose Childress

REGISTERED AGENT MUST SIGN

Date

10-21-3

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:

Rose Childress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-3 712-528-7819

CR2E040 (7/03)

To whom it may concern:

I received a notice of administrative dissolution in the mail the other day. I went to my accountant, since I had never seen this before. He said that the report was sent to me at the beginning of the year. I never received any paperwork on this matter except this. We sold our house in January & moved to a temporary residence for 5 months. Anyway, it must have gotten lost in the mail. Please review and accept my letter stating that I didn't receive any prior docs.

Thanks,

Rose Chidress

new address

President

1744 SW Palermo Road

PSL, IL 34987