

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 DEC -8 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118567

1. Corporation Name

ROVAS, INC.

Principal Place of Business

2841 N OCEAN BLVD. STE 2010  
FT LAUDERDALE FL 33308

Mailing Address

2841 N OCEAN BLVD. STE 2010  
FT LAUDERDALE FL 33308

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

11/04/2002

5. FEI Number

43-2003396

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
Pics	Robert Balkin	2841 N. Ocean Blvd	Ft Lauderdale, FL 33308
			400025330124 12/08/03--01081--010 **150.00

8. Name and Address of Current Registered Agent

BALKIN, ROBERT  
2841 N OCEAN BLVD, STE 2010  
FT LAUDERDALE FL 33308

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

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

Date

Daytime Phone #

*Robert Balkin, Pres* - 11-20-03 954-568-8033

CR2E040 (7/03)

ROVAS, INC.  
2841 North Ocean Blvd., Suite 2010  
Ft. Lauderdale, Florida 33308

November 20, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

Re: P02000118567  
Application for Reinstatement

Greetings:

Enclosed please find our executed Application for Reinstatement and a check made payable to "Department of State" in the amount of \$150.00.

We respectfully request the abatement of the reinstatement fee and acceptance of the usual fee due to reasonable cause. We are a newly formed corporation (11/04/02) who did not commence any operations until 2003. Additionally we never received the original report nor were aware that a report was required to be filed at a period so close to our incorporation date.

Please reinstate the corporation and notify us of the reinstatement.

Thank you for your anticipated courtesies and cooperation in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Balkin", with a long horizontal flourish extending to the right.

Robert Balkin