

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000006344

1. Corporation Name

Rones, Inc

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

5632 W Sample Road

Suite, Apt. #, etc.

City & State

Margate Florida

Zip

33073

Country

USA

3. Mailing Office Address

5632 W Sample Road

Suite, Apt. #, etc.

City & State

Margate Florida

Zip

33073

Country

USA

7. Name and Address of Current Registered Agent

Name

Enrico Barone

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

5632 W Sample Road

Suite, Apt. #, Etc.

City

Margate Florida

State

FL

Zip Code

33073

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

Enrico Barone

REGISTERED AGENT MUST SIGN

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/2003

5. FEI Number

51-0444510

☐ 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.

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
P	Enrico Barone	5391 NW 106 Drive	Coral Springs FL 33076

10. E-mail Address: R BARONE 340 @ AOL.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:

Enrico Barone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV 25 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (4-1/09)

08-09