

\$15.00

2010 AP

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P030000 12022

1. Corporation Name

Rose Training Institute, Inc.

300181570963

06/01/10--01066--001 **150.00

CR2E081 (4/10)

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

5401 Alhambra Dr.

3. Mailing Office Address

P.O. Box 680893

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, Fla.

Zip

32808

Country

US

Zip

32868

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2003

5. FEI Number

02-0668508

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

Frankie Solomon

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

2169 Wintermere Pointe Dr.

Suite, Apt. #, Etc.

City

Winter Garden, Fla.

State

FL

Zip Code

34787

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

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

Frankie Solomon

Date May 22, 2010

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
P	Rose M. Solomon	2169 Wintermere Pointe Dr.	Winter Garden, FL 34787
VP	Chevon Stallworth	4991 Timber Ridge Tr.	Ocoee, FL 34761
T	Frankie Solomon	2169 Wintermere Pointe Dr.	Winter Garden, FL 34787

10. E-mail Address: rti32808@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:

Frankie Solomon, Frankie Solomon

May 22, 2010 407-592-0630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

613