

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 19 AM 9:14

STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P03000001905

1. Corporation Name

Rock Solid for Life, Inc.

2. Principal Office Address

5920 Red Bug Lake Rd

3. Mailing Office Address

1770 Water Beach Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Apopka FL

Zip

32708

Country

Orange

Zip

32703

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/03

5. FEI Number

52-2422388

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

Rodney Stallings

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

1770 Water Beach Ct.

Suite, Apt. #, Etc.

900073504259

05/01/06--01055--008 **458.75

City

Apopka

State

FL

Zip Code

32703

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

Rodney W. Stallings

REGISTERED AGENT MUST SIGN

Date

4/14/06

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
CEO	Rodney Stallings	1770 Water Beach Ct	Apopka, FL 32703

10. 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 contained in Chapter 119, 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

Rodney W. Stallings

Date

4/14/06

Daytime Phone #

407-927-6850