

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000013780

1. Corporation Name

ROSWEEN ENTERPRISES INC.

FILED
08 MAY 13 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200129193772
05/13/08--01010--004 **\$600.00

REINSTATEMENT 05-08

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

1977 THE OAKS BLVD

Suite, Apt. #, etc.

City & State

KESSIMMEE FL.

Zip

Country

34746

USA

3. Mailing Office Address

1977 THE OAKS BLVD

Suite, Apt. #, etc.

City & State

KESSIMMEE FL

Zip

Country

32474

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-20-2004

5. FEI Number

20-0786863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROSALIE THOMPSON

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

1977 THE OAKS BLVD

Suite, Apt. #, Etc.

City

KESSIMMEE

State

FL

Zip Code

34746

☒ 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.

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

Rosalie Thompson

REGISTERED AGENT MUST SIGN

Date 4-25-08

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
PTD	ROSALIE THOMPSON	1977 THE OAKS BLVD	KESSIMMEE, FL 34746
VSD	WENDELL THOMPSON	1977 THE OAKS BLVD	KESSIMMEE, FL 34746

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:

Rosalie Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

407-929-8538

Daytime Phone #

2052

04-25-08

To Whom It May Concern,

I'm sending in my reinstatement for my corporation. Please forgive me the late fees. I never received notice or was I told I had to file this yearly. It will not happen again. I also have a new address that I have corrected on this form. If you have any questions or you need to speak to me, please feel free to call me.

Thanks you so much for your help in this matter.

Sincerely,
Rosalie Thompson
407-929-8538