


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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08 MAY 19 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

P04000070759

1. Corporation Name

The Rose Restoration Co., Inc.
~~RRR~~REINSTATEMENT
0005-2008
CRB 6/5

900129775769

05/19/08--01006--014 **1200.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 6611 Riverside Dr.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Yanketown FL		City & State	
Zip 34498	Country US	Zip	Country

4. Date Incorporated or Qualified
To Do Business in Florida

2005

5. FEI Number

20-1067845

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 Richard Dasch	
Street Address (P.O. Box Number is Not Acceptable) 6611 Riverside Dr.	
Suite, Apt. #, Etc.	
City Yanketown	State FL
Zip Code 34498	

☒ 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


Date 5/11/08

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
President	Richard Dasch	6611 Riverside Dr. Yanketown, FL 34498	Yanketown FL 34498

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

5/11/08

Date

571/233.4029

Daytime Phone #