

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000086651

1. Entity Name
WILLIAM ROSE PHILATELIST, INC.



FILED

06 NOV 14 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business
**2724 9TH AVE N
ST PETERSBURG, FL 33713**

Mailing Address
**2724 9TH AVE N
ST PETERSBURG, FL 33713**

2. Principal Place of Business
686 CLEAR CREEK DR
Suite, Apt. #, etc.

3. Mailing Address
686 CLEAR CREEK DR
Suite, Apt. #, etc.

City & State
OSPREY, FL

City & State
OSPREY FL

Zip
34229

Country

Zip
34229

Country

4. FEI Number
20-2880427

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSE, WILLIAM
2724 9TH AVE N
ST PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
686 CLEAR CREEK DR

City
OSPREY

FL

Zip Code
34229

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **10/25/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, WILLIAM 2724 9TH AVE N ST PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	686 CLEAR CREEK DR OSPREY, FL 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400081766594 11/14/06--01060--017 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **10/25/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #