

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
10 APR 13 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000137551

1. Corporation Name

ROCKSTAR SERVICES, INC.

500173685935  
04/13/10--01003--004 \*\*300.00

500173685935  
03/30/10--01028--003 \*\*150.00

**REINSTATEMENT** 08-10

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

904 AGNES AVE

Suite, Apt. #, etc.

3. Mailing Office Address

904 AGNES AVE

Suite, Apt. #, etc.

City & State

LEHIGH ACRES

City & State

LEHIGH ACRES

Zip

33971

Country

LEE

Zip

33971

Country

LEE

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/2006

5. FEI Number

205810472

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

WILCIMAR F PASSOS

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

904 AGNES AVE

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33971

☒ 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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 03/24/2010

**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	WILCIMAR F PASSOS,	904 AGNES AVE	LEHIGH ACRES FL 33971
VPD	ANDERSON T FERNANDES,	904 AGNES AVE	LEHIGH ACRES FL 33971
D	ELIDA S SCHOAVENGERST	904 AGNES AVE	LEHIGH ACRES FL 33971

10. E-mail Address: wfpassos@hotmail.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2010 239-340-9647

Date

Daytime Phone #