

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION*
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 DEC 15 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000075670

1. Corporation Name

Norris & Company Rentals, Inc.

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

3377 Ocean Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

3. Mailing Office Address

3377 Ocean Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

800806757738
12/15/17--01017--019 **150.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
09/10/2009

5. FET Number

27-0960405

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

Emmons, Rebecca FESQ

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

c/o Rossway, Swan; 2101 Indian River Blvd

Suite, Apt. #, Etc.

Suite #200

City

Vero Beach

State

FL

Zip Code

32960

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

Rebecca F. Emmons
REGISTERED AGENT MUST SIGN

Date 11/21/17

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
D	Grove, Georgena K.	3377 Ocean Drive	Vero Beach, FL 32963
D	Schwiering, Jane P.	3377 Ocean Drive	Vero Beach, FL 32963

10. E-mail Address: gena.grove@bhhsflorida.realty.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

K. ASHTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. ASHTON

12/11/17

Date

Daytime Phone

772-231-1270