PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 DEC 31 AM 10:45

SECRETARY OF STATE

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name
ROCCO & QUIGS, INC

P13000040427

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7813 Mitchell Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
101	"
City & State	City & State
Trinity, Florida	FLORIDA
Zip / Country	Zip / Country
34655 / USA	

4. Date Incorporated or Qualified To Do Business in Florida 9/26/2014

5. FEI Number 462704871 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent 7813 Mitchell Blvd TRINITY FL 34655 STE #101

Name
Vince LaMattina

Street Address (P.O. Box Number is Not Acceptable)
7813 Mitchell Blvd

Suite, Apt. #, etc.
#101

City / State / Zip Code
Trinity FL 34655

300265789868
12/31/14--01015--005 **750.00

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 12-10-14

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	Vince LaMattina	7813 Mitchell Blvd #101	Trinity, FL 34655
V.P	Kelly LaMattina	7813 Mitchell Blvd #101	Trinity, FL 34655
	REINSTATEMENT		DEC 31 2014
			R. HUNT

10. E-mail Address: Vincelamattina66@gmail.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., 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: _____ 12-10-14 813-385-4847

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