

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 NOV 19 PM 2:14

DOCUMENT # P13746

1. Corporation Name

ROSEMOUNT ESTATES, INC.

Principal Place of Business

563 FIRST ST. WEST  
SONOMA CA 95376  
US

Mailing Address

563 FIRST STREET WEST  
SONOMA CA 95476  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
561 First St. West

Suite, Apt. #, etc.

City & State

Sonoma, CA

Zip 95476

Country US

3. New Mailing Office Address, If Applicable  
561 First Street West

Suite, Apt. #, etc.

City & State

Sonoma, CA

Zip 95476

Country US



REINSTATEMENT 99

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/1987

5. FEI Number

68-0101403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR REINSTATEMENT  
EXEMPTION FROM STATUS

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	OATLEY, ROBERT IAN	18 HERBERT STREET	AUSTRALIA
PSD	GAY, JOHN WOOD	PO BOX 974 #54 HOFF RD	KENWOOD CA
VD	HANCOCK, CHRISTOPHER R.	18 HERBERT STREET	AUSTRALIA

000002050520--8  
-12/03/99--01055--018  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
Donna J. Jacobson  
Street Address (P.O. Box Number is Not Acceptable)  
4084 N.W. 7th Place  
Suite, Apt. #, Etc.

City  
Deerfield Beach

State  
FL

Zip Code  
33442

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of  
Registered Agent

*Donna J. Jacobson*  
REGISTERED AGENT MUST SIGN

Date 11-10-99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(I), 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: *John Wood* REQUIRED Day, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AD  
Date 10-25-99  
Daytime Phone #