

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



99 AR
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 22 PM 2:15

DOCUMENT # P93000036847

1. Corporation Name

Green Rose Press, Inc.

Principal Place of Business

Mailing Address

same

3116 N. Federal Hwy., #184
Lighthouse Point, FL 33064-6738

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0415084

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PC	Gilbert Rivard, Andrea	1300 SW 7th Ave	Deerfield Beach FL 33441
ADMA	Gilbert, John	27205 Cornell St	Hemet CA 92544
ASTC	Gilbert, Dora	27205 Cornell St.	Hemet CA 92544
			400003088284--5 -01/05/00--01009--016 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent Andrea Gilbert Rivard

Date 12/8/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

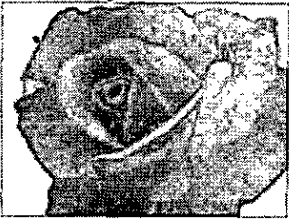
Andrea Gilbert Rivard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/99

Date

(954) 480-2778

Daytime Phone #



Green Rose Press, Inc.

PMB 184
3116 N. Federal Hwy.
Lighthouse Point, FL 33064-6738
(954) 480-2778

RECEIVED

99 DEC 22 AM 8:41

DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Jean MacElveen
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

December 20th, 1999

Dear Ms. MacElveen,

As per past phone conversations, I am writing to you stating that Green Rose Press, Inc. did not receive a first notice of the Annual Report Form, and am enclosing an Application for Reinstatement as well as the \$150.00 fee.

Thank you for all your help in this matter. I greatly appreciate your personal time and attention.

Sincerely,

Andrea Gilbert Rivard, Music Publisher