PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -8 PM 5:24

DOCUMENT # P93000066900

1. Corporation Name
ROCKWOOD ENTERPRISES, INC.
d/b/a HIGHLANDS COASTAL

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
4431 S. Pleasant Gr. Rd	4431 S. Pleasant Gr. Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness, FL	City & State: Inverness, FL
Zip: 34452 Country: CITRUS	Zip: 34452 Country: CITRUS

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/93

5. FEI Number: 59-3212506 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: SADUN SENTURK

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****758.75 ****758.75

Street Address (P.O. Box Number is Not Acceptable): 655 E. ROSEWOOD LANE

Suite, Apt. #, Etc.

City: TAVARES State: FL Zip Code: 32778

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: S Sentury — REGISTERED AGENT MUST SIGN — Date: 10/05/01

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
Pres.	HALDUN SENTURK	655 E. Rosewood Lane TAVARES, FL 32778	TAVARES, FL 32778

10/5

10. 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: Haldun Sentury HALDUN SENTURK 10/05/01 (352) 637-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #