

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

00 NOV 13 PM 6:04

DOCUMENT # P 9300 00 81761

1. Corporation Name

ROSS LIFTS INC

2. Principal Office Address

14117 U.S. 19

Suite, Apt. #, etc.

City & State

HUDSON FL

Zip

34667

Country

USA

3. Mailing Office Address

SAME 14117 US 19

Suite, Apt. #, etc.

City & State

HUDSON FL

Zip

34667

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

JAN 1994

5. FEI Number

59321 0848

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

ROBERT E. ROSS

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

18223 OAK WAY DR

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

900003482379-0

12/01/00-01/14/01

***750.00 ***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

Robert E. Ross

Date NOV 8 2000

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
PRES	ROBERT E ROSS	18223 OAK WAY DR	HUDSON FL 34667
SEC/	JOHN E ROSS	18223 OAK WAY DR	HUDSON FL 34667

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:

Robert E. Ross ROBERT E ROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/00 727 819 0802

Date

Daytime Phone #