

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073622

1. Corporation Name

Rocking S. S. Inc.

2. Principal Office Address

4100 THOROUGHbred LN.
Suite, Apt. #, etc.

3. Mailing Office Address

4100 THOROUGHbred LN.
Suite, Apt. #, etc.

City & State

SEBRING, FL.

Zip
33875

Country

USA

City & State

SEBRING, FL.

Zip

33875

Country

USA

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

10/01/1994

5. FEI Number

65-0522866

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ERWIN R. SOMERS

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

4100 THOROUGHbred LN.
Suite, Apt. #, Etc.

000013343250

03/03/03 01075 004 **300.00

City

SEBRING, FL.

State

FL

Zip Code

33875

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

Erwin R. Somers
REGISTERED AGENT MUST SIGN

Date 2-28-03

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
P/D	ERWIN R. SOMERS	4100 THOROUGHbred LN.	SEBRING, FL. 33875

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:

Erwin R. Somers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERWIN R. SOMERS

Date

823-382-4417

Daytime Phone #

Secretary of State
Division of Corp.

Re: Rocking S.S. Inc.
#65-052281de

I did not receive my renewal for
the corporation for the year of 2002 at
this address. Enclosed please find check #1215
in the amount of \$300.00 for the year 2002
and 2003.

Thank You
Ernie R. Somers