

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 31 AM 9:59

DOCUMENT # P 940000 90150

1. Corporation Name

ROSEWOOD GENERAL, INC
1745 W. FLETCHER AVE
TAMPA, FL 33612

400004693874--8
-11/26/01--01080--015
****300.00 ****300.00

2. Principal Office Address

1745 W. FLETCHER AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33612

USA

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

1994

5. FEI Number

59-3281978

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

REE, MICHAEL P. HACKNER, MARK O.

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

1745 W. FLETCHER AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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

MARK O. HACKNER

Date 10/2/01

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
P/D	Mark O. Hackner	1745 W. Fletcher Ave.	Tampa, FL 33612

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:

MARK O. HACKNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/01

813-968-6511

Daytime Phone #