

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000005442**

1. Corporation Name

**ROLLING ROCK STABLES, INC.**

Principal Place of Business

5605 SW RANCHITO ST  
PALM CITY FL 34990

Mailing Address

5605 SW RANCHITO ST  
PALM CITY FL 34990

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/1995

5. FEI Number

65-0577470

Applied For

Not Applicable

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 3	City / State / Zip 4
D	ROBERTO, RALPH C	5605 SW RANCHITO ST	PALM CITY FL 34990
D	ZAPPALA, MAUREEN O	5584 SW QUAIL HOLLOW ST	PALM CITY FL 34990
S	ROBERTO, SUE	5605 SW RANCHITO ST	PALM CITY FL 34990

500024081495  
10/24/03-01023-007 \*\*150.00

8. Name and Address of Current Registered Agent

ROBERTO, RALPH C  
5605 SW RANCHITO ST  
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Ralph C. Roberto*  
REGISTERED AGENT MUST SIGN

Date 10/21/03

11. 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:

*Ralph C. Roberto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03 772221-1204  
Daytime Phone #

CR2E040 (7/03)



5605 S.W. Ranchito Street  
Palm City, FL 34990

## Rolling Rock Stables, Inc.

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Email [0et1@bellsouth.net](mailto:0et1@bellsouth.net)  
Telephone (772) 221-1204  
Fax (772) 221-1207

October 21, 2003

Florida Department of State  
Katherine Harris  
Post Office Box 6327  
Tallahassee, Florida 32314

Please be advised that this is the first notice we have received to send in our Corporate Papers for the year 2003. We did not receive the two papers you refer to. I am therefore enclosing a check for \$150.00

Sincerely

Ralph Roberto, Pres.