

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL -6 PM 2:11

DOCUMENT # 095000014891

1. Corporation Name

ROLL WITH IT INVESTMENTS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100038851411  
07/08/04--01004--017 \*\*500.00

**REINSTATEMENT** 03-04

2. Principal Office Address

1517 CAXAMBAS CT

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 596

Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

Zip

34146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/22/1995

5. FEI Number

593313207

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

WILLIAM C. MCCUNE, JR

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

1517 CAXAMBAS CT

Suite, Apt. #, Etc.

City

MARCO ISLAND

State  
FL

Zip Code

34145

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

William C. McCune, Jr.

REGISTERED AGENT MUST SIGN

Date 6/1/04

**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
<u>PRES</u>	<u>MCCUNE, WILLIAM C. JR</u>	<u>1517 CAXAMBAS CT</u>	<u>MARCO ISLAND, FL 34145</u>

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:

William C. McCune, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/04

Date

239-404-1096

Daytime Phone #

CR2E081 (01/04)