


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059027(8)

1. Corporation Name
Roger L. Holstein Inc.

2. Principal Office Address
1411 Calamondin Ln
Suite, Apt. #, etc.

3. Mailing Office Address
1411 Calamondin Ln
Suite, Apt. #, etc.

City & State
Clearwater FL

City & State
Clearwater FL

Zip 33759 **Country**

Zip 33719 **Country**

FILED
01 OCT 24 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 7-9-1996

5. FEI Number 59-3398594 **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 Roger L. Holstein

Street Address (P.O. Box Number is Not Acceptable) 1411 Calamondin Lane

Suite, Apt. #, Etc.

City Clearwater

State FL **Zip Code** 33759

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-11/09/01--01011--013
******308.75 ****310.00**

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 _____ **Date** _____

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
owner	Roger L. Holstein	1411 Calamondin Lane	Clearwater FL 33759

00-016BR TS

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: Roger Holstein **10-3-01** **813-249-2243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #** 727-791-6026

2012

Roger L Holstein Inc

1411 Calamondin Lane

Clearwater, FL 33759

Request for reinstatement of this corporation **ROGER L HOLSTEIN INC #P96000059027 (8)**
and asking you to wavier the late filling fees.

The address wasn't correct and we didn't receive forms to file on time address correction is on
the reinstatement form.

Thank You,

Roger L. Holstein