

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  
**1998 FOR AR**  
**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED  
 AND  
 FILED**

1998 DEC 17 PM 12:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000095040**

1. Corporation Name

**ROCKY GASQUE, INC.**

Principal Place of Business

Mailing Address

10929 CRESCENT LAKE CT.  
 CLERMONT FL 34711

P.O. BOX 120836  
 CLERMONT FL 34712



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
 To Do Business in Florida

11/20/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3410800

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| P          | GASQUE, JAMES T III                 | 10929 CRESCENT LAKE CT.   | CLERMONT FL 34711    |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |

8000002725278--4  
 -12/29/98--01077--001  
 \*\*\*\*\*150.00 \*\*\*\*\*150.00

SCC 12-17-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLOMON, BRIAN D  
 739 ROUGHBEARD ROAD  
 WINTER PARK FL 32792

|  |                |
|--|----------------|
| Name   |                |
| Street Address (P.O. Box Number is Not Acceptable) |                |
| Suite, Apt. #, Etc.                                |                |
| City   | State Zip Code |
|  | FL             |

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.

Signature of  
 Registered Agent

**NOT REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 12/15/98

11. This corporation owes or has paid the current year  
 Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information  
 on intangible tax.)

12. 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:

**NOT REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-98  
 Date

(407)242-0206  
 Daytime Phone #

②

December 15, 1998

Florida Dept of State  
Tallahassee, Fl 32314

Dear Sirs,

We have record of mailing your office a check for \$150.00 on January 30, 1998 when we were filing all of our year end tax papers. We have our bank researching so that hopefully they will mail us a copy of the cancelled check, but in the mean time we wanted to send you a replacement check as soon as possible.

Please use this check to keep our corporation active and we will follow up with any other documentation we receive from our bank.

Thank-you for your assistance to this matter.

*Karen West*

Karen West, Accountant  
Rocky Gasque Inc.  
P.O. Box 120836  
Clermont, Fl 34712

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