

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 DEC 17 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**APPLICATION FOR AR REINSTATEMENT**

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

**DOCUMENT # P96000095040**

1. Corporation Name  
**ROCKY GASQUE, INC.**

Principal Place of Business      Mailing Address

10929 CRESCENT LAKE CT.      P.O. BOX 120836  
CLERMONT FL 34711      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

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. Date Incorporated or Qualified To Do Business in Florida  
**11/20/1996**

5. FEI Number      Applied For / Not Applicable

**59-3410800**      Applied For

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

**SOLOMON, BRIAN D**  
739 ROUGHBEARD ROAD  
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

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: **ALICE M. [Signature]**      Date: **12/15/98**

**LIFE REQUIRED**  
REGISTERED AGENT MUST SIGN

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: **ALICE M. [Signature]**      Date: **12-15-98**      Daytime Phone #: **(407)242-0206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (9/96)

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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