

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 26 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096976

1. Corporation Name

THE ROCKNE COMPANIES, INC

2. Principal Office Address

4344 PHILLIPS HWY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

3. Mailing Office Address

4344 PHILLIPS HWY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/96

5. FEI Number

59-3422753

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

CHRISTIAN FLOWERS

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

168 GOVERNORS RD

000027629950

01/26/04--01097--037 **458.75

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State
FL

Zip Code
32082

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

Christ Flowers

REGISTERED AGENT MUST SIGN

Date 1/22/04

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 |
|--------|--------------------------------------|---|--------------------|
| D | FLOWERS, CHRISTIAN | 4344 PHILLIPS HWY | JACKSONVILLE, FL |
| D | LUKENBACK, STEVEN | 4344 PHILLIPS HWY | JACKSONVILLE, FL |
| D | FLOWERS, GEORGE | 4344 PHILLIPS HWY | JACKSONVILLE, FL |
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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:

Christ Flowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/04

Daytime Phone #

CR2E081 (10/02)