

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034523

1. Corporation Name

ROSMER, INC.

Principal Place of Business

Mailing Address

7715 Westmoreland Dr.
Sarasota, FL 34243

7715 Westmoreland Dr.
Sarasota, FL 34243

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
1858 Ringling Blvd.

4. Date Incorporated or Qualified
To Do Business in Florida

2/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota, Florida

5. FEI Number 65-0852824

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

34236

Country

Sarasota

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Rosmer, Hans	7715 Westmoreland Dr.	Sarasota, FL 34243

200003083212--3
-12/29/99--01077--008
****750.00 ****750.00

11LS

8. Name and Address of Current Registered Agent

Schember, Steven G.
101 E. Kennedy Blvd., Ste. 2800
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name

Renea M. Glendinning

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

1858 Ringling Boulevard

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

Renea M. Glendinning

REGISTERED AGENT MUST SIGN

Date 12/14/99

11. This corporation owes 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/99

Date

(941) 365-4617

Daytime Phone #