

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 22 PM 3: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049612

1. Corporation Name

ROWLAND HOME SERVICES, INC.

Principal Place of Business

40 5TH ST  
SHALIMAR FL 32579

Mailing Address

P O BOX 132  
SHALIMAR FL 32579

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
9138 47TH AVE NORTH  
City & State  
ST PETERSBURG FL  
Zip  
33708 Country  
PINNELLAS

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
9138 47TH AVE NORTH  
City & State  
ST PETERSBURG FL  
Zip  
33708 Country  
PINNELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/1997

SP

5. FEI Number

59-3448738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 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	4. City / State / Zip
P	ROWLAND, KENNETH A	40 5TH ST	SHALIMAR FL 32579

700003063527--3  
-12/07/99-01082-026  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

ROWLAND, KENNETH A  
40 5TH ST  
SHALIMAR FL 32579

9. Name and Address of New Registered Agent

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

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

*Kenneth A Rowland*  
REGISTERED AGENT MUST SIGN

Date

11. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Kenneth A Rowland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KENNETH A ROWLAND PRES

11-1-99

Date

787-391 88-99

Daytime Phone #