

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 JUN 14 PM 1:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|---|--------------------------------------|---|---|---|--|
| DOCUMENT # 997000055104 | | | | | |
| 1. Corporation Name Rocky Top, Inc. 510 Clayton Circle Winter Haven, Florida 33880 | | | | | |
| Principal Place of Business Mailing Address same | | | | | |
| 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 June 9, 1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3453609 | |
| City & State | | City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Zip | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 | | |
| pres | Robert B. Beach | 510 Clayton Circle | Winter Haven, FL 33880 | | |
| v-pres | Michael S. McKown | 206 Van Fleet Blvd | Auburndale, FL 33823 | | |
| | | | 700002908237--0 -06/17/99--01102--001 *****900.00 *****900.00 | | |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent | | |
| Robert B. Beach 510 Clayton Circle Winter Haven, FL 33880 | | | 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 <i>Robert B. Beach</i> REGISTERED AGENT MUST SIGN | | | Date 6-7-99 | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <i>Robert B. Beach</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert B. Beach | | | 6-7-99 941-299-3062 | | |