

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 23 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PG7000068337**

1. Corporation Name

ROSS INC. USA.

2. Principal Office Address

14635 STIRRUP LANE

Suite, Apt. #, etc.

City & State

WELLINGTON FL

Zip

33414

Country

PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/97

5. FEI Number

65-0772077

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

ROSS GIORDANO

200003959072--2

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

14635 STIRRUP LANE

-04/04/01--01073--015

******300.00 ****300.00**

Suite, Apt. #, Etc.

14

City

Wellington

State
FL

Zip Code

33414

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
PRES	GIWA COTTO	14635 STIRRUP LANE	WELLINGTON FL 33414
SEC.	ROSARIO GIORDANO	SAME	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01
Date

501 271 6464
Daytime Phone #

CR2E081 (9/00)

2/10/00 292

RE P970000
68337

To whomsoever it may concern,

I spoke to your office on Friday about my Corporation being inactive. I explained that

I over neglected my payment to the office with the application on 2/8/00. Enclosed is copy of

Post office form. I had no idea that it was inactive until last week and I had not received any other notice. Could you please ^{re}activate the corporation as I do need it.

I feel I did everything in my part properly.

Regards

Ross GORDON

