

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -2 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000074561

**1. Corporation Name**

Roller Gear, Inc.

**2. Principal Office Address**

4535 Tiger Creek Trail

Suite, Apt. #, etc.

City & State

Lake Wales, FL

Zip

33898

Country

U.S.A.

**3. Mailing Office Address**

4535 Tiger Creek Trail

Suite, Apt. #, etc.

City & State

Lake Wales, FL

Zip

33898

Country

U.S.A.

**REINSTATEMENT** 02-05

**4. Date Incorporated or Qualified  
To Do Business In Florida**

08/27/1997

**5. FEI Number**

59-3480055

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

Brackett, Gregory W.

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

4535 Tiger Creek Trail

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33898

**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

*GREGORY W. BRACKETT*

Date 11/19/2003

REGISTERED AGENT MUST SIGN

**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
PCEO	Brackett, Gregory W.	4535 Tiger Creek Trail	Lake Wales, FL 33898
D	Rudd, Richard	38 Batesman Avenue	Newport, RI 02840

**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)(l), 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:

*GREGORY W. BRACKETT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory W. Brackett

11/19/2003

Date

(863) 676-1675

Daytime Phone #

CR2E081 (10/02)