

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 NOV -7 PM 6:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038792

1. Corporation Name

ROSSITER'S BAY AREA CONSTRUCTION, INC.

Principal Place of Business

4501 CLEWIS AVENUE  
TAMPA BAY FL 33610

Mailing Address

4501 CLEWIS AVENUE  
TAMPA BAY FL 33610

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

04/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3514502

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROSSITER, PATRICIA	4501 CLEWIS AVENUE	TAMPA BAY FL 33610
<del>V</del>	<del>ROSSITER, HAROLD JR.</del>	<del>12201 OLA AVENUE</del>	<del>TAMPA BAY FL 33610</del>
V	HAROLD L. Rossiter Sr.	4501 Clewis Ave	Tampa Bay FL 33610

900024510209  
11/07/03--01058--005 \*\*750.00

8. Name and Address of Current Registered Agent

ROSSITER, PATRICIA  
4501 CLEWIS AVENUE  
TAMPA BAY FL 33610

9. Name and Address of New Registered Agent

Name  
HAROLD L. Rossiter  
Street Address (P.O. Box Number is Not Acceptable)  
4501 Clewis Ave  
Suite, Apt. #, Etc.  
City  
Tampa FL 33610  
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. or 617.0505, F.S.

Signature of  
Registered Agent

*Harold L. Rossiter*  
REGISTERED AGENT MUST SIGN

Date 11/4/03

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*HAROLD L. ROSSITER*  
11/4/03

Date

Daytime Phone #

CR20040 (7/03)