PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000038792

1. Corporation Name

ROSSITER'S BAY AREA CONSTRUCTION, INC.

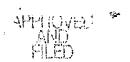
Principal Place of Business

Mailing Address

4501 CLEWIS AVENUE

4501 CLEWIS AVENUE TAMPA BAY FL 33610





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SECRETARY OF STATE FALLAHASSEE, FLORIDA

TAMPA BAY FL 33610			TAMPA BAY FL 33610			VΝ		STATEME			
If above a	iddresses are	incorrect in any way, line the	rough incorrect is	oformation a	and enter corre	ction below	HEIN	NAIRI			
1f above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, if Applicable 3. New Mail					ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida OA/2011009			
Suite, Apt. #, etc. Suite, Apt.							04/29/1998 5. FEI Number Applied For				
City & State)		City & State	City & State						Not Applicable	
Zip Country			Zip Country				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Add	dresses of Each Officer and/	or Director (Flo	ida nonprof	it corporations	must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
Р	ROSSITER, PATRICIA			4501 CLEWIS AVENUE				TAMPA BAY FL 33610			
;_	ROSSITER.	HAROLD JR.	12201 OLA AVENUE				TAMPA BAY FL-99610				
γ	HAROLOLL. Rossitén SR.				4501 Clewis Ave			ImpA BAY FL 33610			
				90 11/07			9 0) 11/07/	10024510209 10301058005 **750.00			
-	,				•						
8. Name and Address of Current Registered Age								9. Name and Address of New Registered Agent			
ROSSITER, PATRICIA 4501 CLEWIS AVENUE TAMPA BAY FL 33610					Street Address (F Suite, Apt. #, Etc			OLd L. ROSSIGN P.O. Box Number is Not Acceptable) Chewis Are			
in the control of					City TAMOAFL. 3			36/0 State Zip Code			
10. I, being	appointed the	registered agent of the abo	ove named corpo	ration, am f	amiliar with and	d accept the ot	oligations of Secti	on 607,0505, F.S. or 617,	0505, F.S.		
Signature of Registered	α	Horold J. B	CON CONTRACTOR AGE	ENT MUST	CONTRACTOR SIGN	350.	er en	Date ///	1/0-	3	
		officer or director or the receivalication, the reason for disso									

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

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

GIVATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #