

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98-000051303

99 OCT 21 PM 12:23

1. Corporation Name

Ross & Ro, Inc.

Principal Place of Business

Mailing Address Same

2980 N. Federal Highway
Fort Lauderdale, FL 33306

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
2980 N. Federal Hwy.

4. Date Incorporated or Qualified
To Do Business in Florida June 9, 1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0889631 BATF

Applied For

Not Applicable

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip
33306

Country
USA

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)

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
P, S, T, D	Rossana Urbani	2715 N. Ocean Blvd.	Ft. Lauderdale, FL 33308

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****158.75 ****158.00

158.75

158.75

8. Name and Address of Current Registered Agent

Rossana Urbani
2715 N. Ocean Blvd.
Ft. Lauderdale, FL 33308

9. Name and Address of New Registered Agent

Name
Lawrence E. Blacke, Esq.
Street Address (P.O. Box Number is Not Acceptable)
3326 NE 33rd Street
Suite, Apt. #, Etc.

City
Ft. Lauderdale

State
FL

Zip Code
33308

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

Lawrence E. Blacke

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/99