

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAR -8 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98600066786**

1. Corporation Name

ROUSON AND ASSOCIATES, P.A.

REINSTATEMENT 09-11

000195398400
02/21/11--01019--006 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

201 N. FRANKLIN ST.

3. Mailing Office Address

201 N. FRANKLIN ST.

Suite, Apt. #, etc.

7TH FLOOR

Suite, Apt. #, etc.

7TH FLOOR

City & State

TAMPA

City & State

TAMPA

Zip

33602

Country

USA

Zip

33602

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **7/30/1998**

5. FEI Number

59-3590361

☐ 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

DARRYL E. ROUSON

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

201 N. FRANKLIN ST.

Suite, Apt. #, Etc.

7TH FLOOR

City

TAMPA

State

FL

Zip Code

33602

000195398400
03/08/11--01035--001 **308.75

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

Darryl E. Rouson

REGISTERED AGENT MUST SIGN

Date

2/11/11

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
P	Darryl E. Rouson	201 N. Franklin St., 7th FL	Tampa, FL 33602

REINSTATEMENT

RR

10. E-mail Address: **rousonlaw@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Darryl E. Rouson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/11

Daytime Phone #