

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV 19 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000067588

1. Corporation Name

ROADSIDESTAND.COM, INC.

Principal Place of Business

8611 W. NIGHTS GRIFFIN RD  
PLANT CITY FL 33565

KNIGHTS

Mailing Address

P O BOX 850  
RIVERVIEW FL 33614-0850

33565

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/1998

5. FEI Number

59-2444438

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1. PRES.	ADRIAN BURKE	8611 W. KNIGHTS GRIFFIN RD PLANT CITY	PLANT CITY, FL 33565
2. PRES	RICK GROSSMAN	4074 SANDSTONE CT.	EVANS, GA 30009
3. PRES	PAUL D'ASCENSIO	70 BARCLAY COMMONS	DANBURY, CT 06811

600003070586--1  
-12/14/99--01111--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURKE, ADRIAN K  
8611 W NIGHTS GRIFFIN RD  
PLANT CITY FL 33565

Name

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

Suite, Apt. #, Etc.

City

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/31/99

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

Date

Daytime Phone #

10/31/99 013-643 6302

7

October 31, 1999

Roadsidestand.com, Inc.  
P.O. Box 850  
Riverview, FL 33568-0850

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

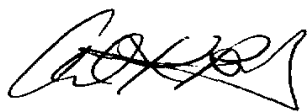
I have enclosed my 1999 Profit Corporation Annual Report along with a check (#902) payable to the Department of State for \$150.00. I understand that this report is the final notice but we never received any prior notices, possibly due to the incorrect mailing address on the form.

As soon as I received the final notice I called your office and explained my situation. I was told to write a letter notifying you that the initial reports were never received and include a check for the original amount of \$150.00. This letter is to serve as that notice.

If you have any questions, please feel free to contact me at (813) 643-6302.

Thank you.

Regards,



Adrian Burke  
Vice President