PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 99 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98715

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

ROSS, WILLIAMS & VECCHIO, P.A.

Principal Place of Business	Mailing Address
3308 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33803	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3308 CLEVELAND HGTS.BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State
Zip: 33803 / Country: POLK	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/6/91 SP

5. FEI Number: 59-3094798 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee (optional 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
PRES & TREAS	DENNIS A. ROSS	607 LAKE MIRIAM DR.	LAKELAND, FL 33813
SECRET	DAVID J. WILLIAMS	715 WEDGEWOOD LANE	LAKELAND, FL 33813
DIRECT	THOMAS P. VECCHIO	4535 HALLAMVIEW LANE	LAKELAND, FL 33813
			300003063613--5 -12/07/99--01097--008 *****750.00 *****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DENNIS A. ROSS P.O. BOX 1867 3308 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33802-1867	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E061 (12/96)

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: [signature] DENNIS A. ROSS Date: 11/10/99
REGISTERED AGENT MUST SIGN

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] DENNIS A. ROSS 11/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #