

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 JAN 28 PM 4:04

DOCUMENT # VI0377

1. Corporation Name

RAMBLIN' ROSE RIVERBOAT INC.

REINSTATEMENT

AB

99-02

2. Principal Office Address

801 E. ATLANTIC AVE DANE L. MARK

Suite, Apt. #, etc.

3. Mailing Office Address

920 E. SIXTH ST

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

LAKEVIEW, OH

Zip

33483

Country

USA

Zip

43440

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-29-1992

5. FEI Number

65-0306793

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

MR. PHILIP M. WARREN, P.A.

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

RAYVAN Building SUITE 300

Suite, Apt. #, Etc.

3350 EAST ATLANTIC BOULEVARD

City

POMPANO BEACH, FLORIDA

State

FL

Zip Code

33062

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-24-02

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	DANE L. MARK	920 E. SIXTH ST	LAKEVIEW, OH 43440
V/S.	LEA A. MARK	920 E. SIXTH ST	LAKEVIEW, OH 43440

10. 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]

DANE L. MARK, PRES. 1-14-02 4197983333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)