

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT 10 11:57

DOCUMENT # **V12565**

1. Corporation Name

**Rollar-Gunn Corp.**

2. Principal Office Address

**100 Park Ave**

Suite, Apt. #, etc.

City & State

**Clearwater**

Zip

**FL**

Country

**USA**

3. Mailing Office Address

**P.O. Box 17297**

Suite, Apt. #, etc.

City & State

**Clearwater**

Zip

**FL**

Country

**USA**

**REINSTATEMENT \$150.00**  
**08-23-05 9000-072 5-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02-10-1992**

5. FEI Number

**59-3107756**

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

**Rollar, George**

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

**100 Park Ave**

Suite, Apt. #, Etc.

City

**Clearwater**

State

**FL**

Zip Code

**33764**

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

REGISTERED AGENT MUST SIGN

Date

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
PSD	Rollar, George	100 Park Ave	Clearwater, FL 33764

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 contained in Chapter 119, 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:

*George Rollar pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/1/06**

Daytime Phone #

**OCT 10 2006**