

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *V100912*

1. Corporation Name

CHARLES DE ROSE, INC.

99 APR -6 PM 3:38

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3948 Mariners Way, #222
Cortez; FL 34215

P.O. Box 279
Bradenton Beach, FL
34217

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

April 13, 1992

5. FEI Number

59-3195785

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *10-991*

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 (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|-----------------------|
| 1 | 2 | 3 | 4 |
| P/S/D | Charles De Rose | 3948 Mariners Way, #222 | Cortez, Florida 34215 |
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8. Name and Address of Current Registered Agent

Charles De Rose
1130 Washington Avenue
Winter Park, FL 32787

9. Name and Address of New Registered Agent

Name: Ronald L. Stephenson
Street Address (P.O. Box Number is Not Acceptable):
100 Second Avenue South
Suite, Apt. #, Etc: Suite 1201
City: St. Petersburg

State: FL Zip Code: 33701

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: *Ronald L. Stephenson*
REGISTERED AGENT MUST SIGN

Date: March 30, 1999

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)(b), 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: *Charles De Rose*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles De Rose, as President

March 31, 1999 (941) 330-0182
Date Daytime Phone #