

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 JAN -7 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V30822

1. Corporation Name

JAMES H ROUSSEAU INC.

2. Principal Office Address - No P.O. Box #

24 Palm Castle Drive

3. Mailing Office Address

24 Palm Castle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32127

Country

US

Zip

32127

Country

US

400190492594

01/07/11-01033-011 \*\*1058.75

**REINSTATEMENT**

09-11

4. Date Incorporated or Qualified

To Do Business in Florida

400190492594 May 14 1992

5. FEI Number

59 3121024

\*\*1

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JAMES ROUSSEAU

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

24 Palm Castle Drive

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32127

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

James H Rousseau  
REGISTERED AGENT MUST SIGN

Date 1/2/11

**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
<u>P</u>	<u>JAMES H ROUSSEAU</u>	<u>24 Palm Castle Drive</u>	<u>Port Orange FL 32127</u>

10. E-mail Address: NA

(To be used for future annual report notification)

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. I further certify, 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:

James H Rousseau JAMES H ROUSSEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/11  
Date

386-756-0350  
Daytime Phone #