

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 20 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41136

1. Corporation Name

Roxmore Corporation

REINSTATEMENT

700023742817
10/13/03--01012--025 **150.00

2. Principal Office Address

26224 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

Country

USA

3. Mailing Office Address

6218 33rd Street N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

Country

33702

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/1992

5. FEI Number

59-31259-76

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

Marc Greenstone

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

6218 33rd Street N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33702

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 10-8-03

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
D	Marc Greenstone	770 Sand Pine Drive NE	St. Petersburg, FL 33703

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-03

Daytime Phone #

(127)

521-0644

21 10/22

CR2E081 (10/02)