

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 17 PM 12:39

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # V61743

1. Corporation Name

Rocket Reporting Service, Inc.

2. Principal Office Address

3552 W. Tree Tops Ct.

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

USA

3. Mailing Office Address

3552 W. Tree Tops Ct.

Suite, Apt. #, etc.

City & State

Davie FL

Zip

33328

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/01/92

5. FEI Number

65-0355539

Applied: **SP**

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: Sharain Ameerally Newman

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

3552 W. Tree Tops Ct.

Suite, Apt. #, Etc.

City

Davie

100004610681-0

-09/25/01--01082--016

****900.00 ****900.00

State

FL

Zip Code

33328

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

Sharain Newman

REGISTERED AGENT MUST SIGN

Date

08/07/01

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
Pres.	Sharain Newman	3552 W. Tree Tops Ct.	Davie, FL 33328

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

Sharain Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/01

Date

954-424-4240

Daytime Phone #

CR2E081 (9/00)