

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **V63613**

1. Corporation Name

ROCK SOUP DEVELOPMENT INC.

Principal Place of Business

Mailing Address

1632 PENNSYLVANIA AVE.
SUITE 208
MIAMI BCH. FL 33139
US

1632 PENNSYLVANIA AVE.
SUITE 208
MIAMI BCH. FL 33139
US

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.

904 Lincoln Road Suite 303

City & State

City & State

Miami Beach FL

Zip

Country

Zip

Country

REINSTATEMENT

98-99
aw

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1992

5. FET Number

65-0355430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	AVERY, MARILYN	1632 PENNSYLVANIA, STE. 208 904 Lincoln Road Ste 303	MIAMI BCH. FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, LINDA M
11900 BISCAYNE BLVD
SUITE 200
NORTH MIAMI FL 33181

Name
Marilyn Avery
Street Address (P.O. Box Number is Not Acceptable)
1632 Pennsylvania Avenue
Suite, Apt. #, Etc.
Suite 208
City
Miami Beach
State
FL
Zip Code
33139

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 Marilyn Avery
REGISTERED AGENT MUST SIGN

Date 1/24/99

11. This corporation owes or has paid 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)(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:

Marilyn Avery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 (305) 535-997

CR2E040 (9/98)