

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG -2 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64719

1. Corporation Name

Rostob Inc

2. Principal Office Address

1593 Cabot Tr. D-4
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1559
Suite, Apt. #, etc.

City & State

Wellington, FL

Zip 33414 Country P.B.C

City & State

Loxahatchee, FL

Zip 33470 Country P.B.C

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

65-0353512

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2001 UBR

7. Name and Address of Current Registered Agent

Name

Tobin Vanscoy

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

1593 Cabot Tr. D-4

Suite, Apt. #, Etc.

City

Wellington, FL

State

FL

Zip Code

33474

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

Tobin Vanscoy

REGISTERED AGENT MUST SIGN

Date 5-6-01

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
VP	Tobin Vanscoy Jr.	16114 E. Aintree	Lox., FL 33470
Sec.	Danielle Vanscoy	same	Lox., FL 33470

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:

Tobin Vanscoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-01

Date

Daytime Phone #

CR2E081 (9/00)