2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 22 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # V64719

1. Entity Name
ROSTOB, INC.

Principal Place of Business	Mailing Address
12814 PECONIC CT WELLINGTON, FL 33414	P.O. BOX 1559 LOXAHATCHEE, FL 33470

10192004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
3379 S. Military Trail	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State
Zip: 33463 Country: USA	Zip Country

4. FEI Number: 65-0353512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANSCOY, TOBIN 1593 CABOT LN. D-4 WELLINGTON, FL 33414	Name: Vanscoy, Tobin Street Address (P.O. Box Number is Not Acceptable): 3379 S. Military Trail City: Lake Worth FL Zip Code: 33463

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 10/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VANSCOY, TOBIN JR. 16114 E. AINTREE DRIVE LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vanscoy, Tobin JR. 3379 S. Military Trail Lake Worth, FL 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VANSCOY, DANIELLE 16114 E. AINTREE DRIVE LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Vanscoy, Danielle 3379 S Military Trail Lake Worth, FL 33463	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/19/04 (561) 967-8779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #