

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR -3 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M02152**

**1. Corporation Name**

ROESONS ENTERPRISES, INC.

**2. Principal Office Address**

15280 N.W. 79 COURT

Suite, Apt. #, etc.

102

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

**3. Mailing Office Address**

15280 N.W. 79 COURT

Suite, Apt. #, etc.

102

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

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

6/27/84

**5. FEI Number**

59-2418659

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

POOLEGOLDSTEIN

Street Address P.O. Box Number is Not Acceptable

13450 W. SUNRISE BOULEVARD

Suite, Apt. #, Etc.

150

City

FORT LAUDERDALE

State  
FL

Zip Code  
33323

**8. I, being appointed to registered agent of the above named corporation, am familiar with it and accept the obligations of section .55 or .5, F.S.**

Signature of  
Registered Agent

*[Signature]* CPA PA

REGISTERED AGENT MUST SIGN

Date 2/4/03

**9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least directors**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BRIAN ROE	15280 N.W. 79 COURT, #102	MIAMI LAKES, FL 33016
SD	ANDRAE ROE	15401 S.W. 82 AVENUE	MIAMI, FL 33157
D	JUDITH E. PROULX	15280 N.W. 79 COURT, #102	MIAMI LAKES, FL 33016

**10. I certify that I am an officer or director or the recipient or trustee empowered to execute this application as provided for in chapter 607, F.S. I further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.01, 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 F.S. The information indicated on this application is true and accurate, and my signature shall be the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian D. Roe

2/1/03

305-821-6131

Date

Daytime Phone #

CR2E081 (10/02)

25 314



13450 West Sunrise Boulevard, Suite 150  
Fort Lauderdale, Florida 33323

Broward: 954.845.1175

Dade: 305.944.0172

Palm Bch.: 561.392.2595

Fax: 954.845.1185

[www.poolegoldstein.com](http://www.poolegoldstein.com)

January 31, 2003

Via Certified Mail 7000 0520 0016 7005 8429  
Return Receipt Requested

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Roesons Enterprises, Inc.  
M03152

Dear Sir/Madam:

We are enclosing the Corporation Reinstatement Form for Roesons Enterprises, Inc. and a check for \$150.00, which represents the Annual Report fee and Corporate Supplemental fee for year 2002.

No reinstatement fee applies as the Registered Agent address changed from 7880 North University Drive, Tamarac, FL 33321 to 13450 West Sunrise Boulevard, Fort Lauderdale, FL 33323. This change of address resulted in a non-receipt and non-filing of the Uniform Business Report for 2002. Please waive the reinstatement fee of \$600.00.

Your cooperation in this matter is fully appreciated.

Sincerely yours,



Irving L. Goldstein

ILG/rp

cc: Roesons Enterprises, Inc.

Enclosure