

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 REINSTATEMENT 07-04

DOCUMENT # P95000000624

1. Corporation Name

ROCHE HOLDINGS, INC.

Principal Place of Business

Mailing Address

777 BRICKELL AVE  
 SUITE 1010  
 MIAMI FL 33131

~~777 BRICKELL AVE~~  
~~SUITE 1010~~  
 MIAMI FL 33131

do George Befeler  
 80 SW 8th St.  
 Suite 3100  
 Miami, FL 33130



000025778560  
 02/13/04--01039--017 \*\*150.00

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

4. Date Incorporated or Qualified To Do Business in Florida

01/04/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0544450

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
D	DE LA ROCHE, HERNANDO	777 BRICKELL AVE SUITE 1010	MIAMI FL 33131
<del>D</del>	<del>DELA ROCHE, PILAR</del>	<del>777 BRICKELL AVE SUITE 1010</del>	<del>MIAMI FL 33131</del>

000025778560  
 12/26/03--01084--024 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEFELER, GEORGE  
 80 S.W. 8TH STREET  
 SUITE 3100  
 MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*George Befeler*  
 REGISTERED AGENT MUST SIGN

Date

1/26/04

11. 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:

*George Befeler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-03  
 Date

305-373-1000  
 Daytime Phone #

CR2E040 (7/03)