

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 30 PM 3:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 179821

1. Corporation Name

ROSSAM PROPERTIES INC

2. Principal Office Address - No P.O. Box #
1221 BRICKELL AVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
STE: 900

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33131

Country

Zip

Country

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **07-28-1954**

5. FEI Number
59-0759849

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
CARLOS FRED BRENDER

Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVE

Suite, Apt. #, Etc.
STE: 900

City
MIAMI

State
FL

Zip Code

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Carlos Fred Brender*
REGISTERED AGENT MUST SIGN

Date **10-28-07**

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
P/D	CARLOS FRED BRENDER	1221 BRICKELL AVE STE: 900	MIAMI, FL , 33131

400112129394
11/08/07--01051--009 **\$600.00

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 contained in Chapter 119, 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: *Carlos Fred Brender*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-28-07**
Daytime Phone #

10/30