

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 203941

1. Corporation Name

ROCKY & ANGIE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7070 SW 9th St.
Miami, FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
9415 N.W. 52nd Doral LN

3. New Mailing Office Address, If Applicable
9415 N.W. 52nd Doral LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL 33178

Miami, FL 33178

Zip

Country

Zip

Country

33178

USA

33178

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-01-57

5. FEI Number

59-0808045

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/D	Angelina Mansolillo	9415 N.W. 52nd Doral LN	Miami, FL 33178

000002164100--6
-05/02/97--01113--022
****915.00 ****915.00

8. Name and Address of Current Registered Agent

Angelina Mansolillo
7070 SW 9th St.
Miami, FL 33144

9. Name and Address of New Registered Agent

Name

Angelina Mansolillo

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

9415 N.W. 52nd Doral LN

Suite, Apt. #, Etc.

Miami

City

Miami

State
FL

Zip Code
33178

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.

Signature of
Registered Agent

Angelina Mansolillo

REGISTERED AGENT MUST SIGN

Date 04-22-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(l), 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

Angelina Mansolillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelina Mansolillo, President

04-22-97

(305) 591-0315

Date

Daytime Phone #

CR2ED40 (12/96)

FILED

97 APR 24 AM 8: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *90-97*