


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 10%; left: 10%;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">97 OCT 28 PM 12:42</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # 485961 1. Corporation Name <p style="text-align: center; font-weight: bold;">ROLED ENTERPRISES, INC.</p>		<div style="text-align: right; font-size: 1.5em; font-weight: bold;">96-9720</div>			
Principal Place of Business 4809 NW 167th St. Miami, FL 33055-4243					
Mailing Address 701 Brickell Ave. Ste 3000 Miami, FL					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 4809 NW 167th St Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 701 Brickell Ave. Suite, Apt. #, etc. Ste 3000		4. Date Incorporated or Qualified To Do Business in Florida <p style="text-align: right; font-weight: bold;">09/19/75</p>	
City & State Miami, FL		City & State Miami, FL		5. FEI Number 59-1627259	
Zip 33055-4243		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1	2	3	4		
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		
DPST	Jesus Rodriguez	100 W 26th St	Hialeah, FL		
			600002331536--3		
			10/28/97-01053-002		
			*****915.00 *****915.00		
			600002331536--3		
			10/28/97-01053-003		
			*****61.25 *****61.25		
8. Name and Address of Current Registered Agent					
Armando Ledesma 345 East 20th St Hialeah, FL 33010					
9. Name and Address of New Registered Agent					
Name Intrastate Registered Agent Corporation Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave. Suite, Apt. #, Etc. Ste 3000 City Miami					
				State FL	Zip Code 33131
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 <u>Steven H. Haggard</u> President Date <u>10-27-97</u>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on Intangible tax.)					

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Steven H. Haggard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/27/97

Daytime Phone # (305) 620-0035

CR2E040 (12/95)