

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 # **584057**

1. Corporation Name

RODAMA INVESTMENT, INC.

Principal Place of Business

**201 SEVILLA AVENUE SUITE 302
% CARIBE NATIONAL REALTY
CORAL GABLES FL 33134**

Mailing Address

**201 SEVILLA AVENUE SUITE 302
% CARIBE NATIONAL REALTY
CORAL GABLES FL 33134**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 96-97
To Do Business in Florida **08/01/1978**

5. FEI Number

59-1854919

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
PD	AMADOR, LUIS ESTEBAN	1414 CORAL WAY	MIAMI FL
V	RENDON, XAVIER AMADOR	1414 CORAL WAY	MIAMI FL
V	RENDON, ESTEBAN AMADOR	1414 CORAL WAY	MIAMI FL
VT	AMADOR, CICILIA PINO DE	1414 CORAL WAY	MIAMI FL
S	AMADOR, GHISLAINE RENDON	1414 CORAL WAY	MIAMI FL
S	ARRARTE, ROCIO AMADOR DE	1414 CORAL WAY	MIAMI FL

8. Name and Address of Current Registered Agent

**VALDES, FRANCISCO J
% CARIBE REALTY
201 SEVILLA AVE., STE. 302
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 28/97 (305) 8597484