

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -9 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728555**

1. Corporation Name
THE ROADS CONDOMINIUM APARTMENTS, INC.

2. Principal Office Address
3011 SW 1ST AVENUE

3. Mailing Office Address
3011 SW 1ST AVENUE

Suite, Apt. #, etc.
APT 11

Suite, Apt. #, etc.
APT 11

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33129 DADE

Zip Country
33129 DADE

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number **OR**
65389232 → **650389232**

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 **ARIEL RODRIGUEZ** 400054904424
Street Address (P.O. Box Number is Not Acceptable) **3011 SW 1ST AVENUE** 05/20/05 01010 002 **401.25
Suite, Apt. #, Etc. **APARTMENT # 11**
City **MIAMI** State **FL** Zip Code **33129**

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 Date **5/1/2005**
REGISTERED AGENT MUST SIGN

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
Pres	HAROLD FOX	3011 SW 1ST AVENUE # 5	MIAMI, FL 33129
Secr	ARIEL RODRIGUEZ	3011 SW 1ST AVENUE # 11	MIAMI, FL 33129

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 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: **ARIEL RODRIGUEZ** **5/1/05** **(786) 525-3424**
SIGNATURE AND TITLE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)