

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

Suite, Apt. #, etc.

APT 11

City & State

MIAMI, FLORIDA

Zip

33129

Country

DADE

**3. Mailing Office Address**

3011 SW 1ST AVENUE

Suite, Apt. #, etc.

APT 11

City & State

MIAMI, FLORIDA

Zip

33129

Country

DADE

REINSTATEMENT 01-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65389232

OR

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5/1/2005

**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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARIEL RODRIGUEZ

5/1/05

Date

(786) 525-3424

Daytime Phone #

CR2001 (01/05)