		· · · · · · · · · · · · · · · · · · ·
DIFACE DEAD ALL	OTD.!OT!O\!O DEEO	COMPLETING THIS FORM
PIEASE BEALLOIL		
	_ 1140111001111114.11.11.1.1.1	

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMI Sandra B. Mi Secretary of DIVISION OF CORP	ortham State	REINSTATEMEN	T 1990
DOCUMENT # 249090 Corporation Name ROUIDENTIA CAPITAL INVESTMENTS, INC.			SECRETARY O	FILE 96 DEC 16
Principal Place of Business 6001 N.W. 7 L AVE. MI AMI, FLA. 33127	Mailing Address		SF STATE FLORIDA	€ D G: 58 MWB
If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable			DO NOT WRITE IN THIS 5 4. Date Incorporated or Qualified	···
Suite: Apt. #, etc	Suite, Apt #, etc.		To Do Business in Florida 198	3
City & State	City & State		5. FEI Number 59-2304069	Applied For Not Applicable
Zip Country	Zip Cour	ntry	6. CERTIFICATE OF STATUS DESIRED	75 Additional Fee required
7 Names and Circuit Addissess 4 5 - 1 6 -				or a Cerlificate of Status
7. Names and Street Addresses of Each Officer an Name of Officers Title(s) And/or Directors	9	prations must list at lea Street Address of Each Officer and/or Director		itate / Zip
BT TERRY V. PERCY.		Use Post Office Box N	600002033	
8. Name and Address of Curren	t Registered Agent		9. Name and Address of New Registered	Agent (S82)
TERRY V. PERLY, 11580 SW 135 MIMMI, FLA. 3:				
10 I, being appointed the registered again of the at Signature of Registered Agent	pove named corporation, am familiar	with and accept the ob		
11. Does this corporation pay Dept. of Revenue under S	any intangible tax to t . 199.032, Florida Sta	he tutes. Yes [de for information ingible tax.)
12 I do hereby certify that the information supplied lease the Division of Corporations from any lab certify that I am an officer or director or the reciths reinstatement application the reason for differences owed by the corporation have been paid, under oath				(k), Florida Statutes, I re- impt from public access, I her certify that when filing 17.0401, F.S., and that all ne legal effect as if made
SIGNATURE: SIGNATURE AND TYPED OR P	CILLY V , P	R DIRECTOR	12-11-9 6 (305)	151-1592 Daylimo Phone