

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 15 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~J8243~~ J87243

1. Corporation Name

ROSARIO PROPERTIES, INC

2. Principal Office Address - No P.O. Box #
1111 Brickell Ave.

3. Mailing Office Address
1111 Brickell Ave.

Suite, Apt. #, etc.
Suite 1300

Suite, Apt. #, etc.
Suite 1300

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33131 USA

Zip Country
33131 USA

REINSTATEMENT (12/08) 0809

4. Date Incorporated or Qualified
To Do Business in Florida 8/14/87

5. FEI Number 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
Marcella Sevilla

Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Ave.

Suite, Apt. #, Etc.
Suite 1300

City State Zip Code
Miami, FL 33131

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 July , 2009

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
PD	Fernandez, Maria Rosario	201 Crandon Blvd, #211	Key Biscayne, FL 33146

300158495473
07/15/09--01003--010 **\$900.00

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 contained in Chapter 119, 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:

Maria Rosario Fernandez

July , 2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #