

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 # **K54799**

1. Corporation Name

Rochette Investments, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

C/O Aballi, Milne, et al

Suite, Apt. #, etc.

One S.E. 3rd Ave. #1980

City & State

Miami, Florida

Zip

33131

Country

USA

3. New Mailing Office Address, If Applicable

C/O Aballi, Milne, et al

Suite, Apt. #, etc.

One S.E. 3rd Ave. #1980

City & State

Miami, Florida

Zip

33131

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12/22/88

5. FEI Number

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---------------------------------------------------------------------------------------|----------------------|
| D | Federico C. Alvarez | One S.E. 3rd Ave. #1980 | Miami, FL 33131 |
| D | Carmen Alvarez | One S.E. 3rd Ave. #1980 | Miami, FL 33131 |
| D | Jean A. Leroux | 18151 N.W. 82nd Ave. | Hialeah, FL 33015 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

Bernard Marcus, Esq.
4184 Ingraham Highway
Coconut Grove, FL 33131

9. Name and Address of New Registered Agent

Name
AMKGS Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1980 Suntrust International Center
Suite, Apt. #, Etc.
One Southeast Third Avenue
City
Miami State
FL Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date

7/22/99

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

Federico C. Alvarez, Director

7/22/99

Date

(305) 373-6600

Daytime Phone #

CR2E040 (12/96)