

FAX AUDIT No. H04000015651

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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04 JAN 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89984

1. Corporation Name

ROARK INVESTMENTS, INC.

2. Principal Office Address

444 BRICKELL AVENUE

3. Mailing Office Address

C/O JANICE RUSSELL

Suite, Apt. #, etc.

SUITE 51-274

Suite, Apt. #, etc.

ONE S.E. 3RD AVE., 28 FL

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1989

5. FEI Number

85-0123089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

AMERICAN INFORMATION SERVICES, INC.

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

ONE S.E. 3RD AVENUE

Suite, Apt. #, Etc.

28TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.

Signature of Registered Agent By Angelica M. Chiru Assistant Secretary

Date 1/22/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D	FABRICIO ALTAMIRANO	444 BRICKELL AVE., SUITE 51-274	MIAMI, FLORIDA 33133
P	THELMA ALTAMIRANO	444 BRICKELL AVE., SUITE 51-274	MIAMI, FLORIDA 33133
VP	ROBERTO JULIAN ALTAMIRANO	444 BRICKELL AVE., SUITE 51-274	MIAMI, FLORIDA 33133

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., and all taxes 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)(c), 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

THELMA ALTAMIRANO

1/16/2004 (503)-841-7171

Date

Daytime Phone #

FAX AUDIT No. H04000015651

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Angie Chirn
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

ROARK INVESTMENTS, INC.

Certificate of Status	0
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