

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 25 PM 3:20

DOCUMENT # L05633

1. Corporation Name

E. ROLAND ENTERPRISES, INC.

Principal Place of Business

Mailing Address

450 ARTHUR GODFREY RD  
MIAMI BEACH FL 33140  
US

450 ARTHUR GODFREY RD  
MIAMI FL 33140  
US

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

2. New Principal Office Address, If Applicable

762 ARTHUR GODFREY RD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

762 ARTHUR GODFREY RD

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33140

Country

US

Zip

33140

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/1989

5. FEI Number

65-0129389

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	4 City / State / Zip
DP	ROLAND, ENRIQUE	450 ARTHUR GODFREY RD	MIAMI BEACH FL
DS	WIERNY, LILIANA	450 ARTHUR GODFREY RD	MIAMI BEACH FL
			600003454836--6 -11/07/00--01050--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WIERNY, LILIANA  
450 ARTHUR GODFREY RD  
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10.20.00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.20.00 (305) 539-0130

Date

Daytime Phone #

CR20040 (9/00)