

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 FEB 13 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L50486

1. Corporation Name

Rosinco, Inc.

**REINSTATEMENT**

CR2E081 (12/05)

0507

2. Principal Office Address

2500 NW 79 Ave,

Suite, Apt. #, etc.

Suite 179

City & State

Doral, Florida

Zip

33122

Country

USA

3. Mailing Office Address

2500 NW 79 Ave,

Suite, Apt. #, etc.

Suite 179

City & State

Doral, Florida

Zip

33122

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1990

5. FEI Number

20-8418536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3375 Return of Certificate  
of Status for Foreign  
Corporations

7. Name and Address of Current Registered Agent

Name

Rosemary Perry

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

4153 Lazy Hammock Road

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410-6114

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of  
Registered Agent

[Signature]

Date

2/10/07

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
<u>P, M, T, S</u>	<u>Moises Ponce</u>	<u>2500 NW 79 Ave, #179</u>	<u>Doral, FL 33122</u>

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 taxes 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:

[Signature]  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/2007

Daytime Phone #

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, 2006 AND I AM ALSO INCLUDING 2007 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
\_\_\_\_\_  
MOISES PONCE  
PRESIDENT