

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -9 PM 4:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L89848

1. Corporation Name

ROGI CORP.

500007834105--9
-09/18/02--01067--025
***1950.00 ***1950.00

W02-24736

2. Principal Office Address

801 S.W. 3rd Avenue

Suite, Apt. #, etc.

3rd Floor

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

501 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 400

City & State

Miami, Florida

Zip

33131

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/1990

5. FEI Number

65-0269351

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

NS Corporate Services Inc.

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

501 Brickell Key Drive, Suite 400

Suite, Apt. #, Etc.

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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date August 19, 2002

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
DPT	Etchenique, Alvaro Reyes	501 Brickell Key Dr. Suite 400	Miami FL 33131
DS	Etchenique, Elena Reyes-de	501 Brickell Key Dr. Suite 400	Miami FL 33131

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 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

August 19, 2002

Date

Daytime Phone #

CR2E081 (9/01)

9/19/02
AD