

99-01 ~~400~~

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> M43378 1. Corporation Name Roesons Insurance Services			
2. Principal Office Address 15280 NW 79 <sup>th</sup> Court		3. Mailing Office Address 15280 NW 79 <sup>th</sup> Court	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Miami Lakes, Florida		City & State Miami Lakes, Florida	
Zip 33016	Country USA	Zip 33016	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12/17/1986		5. FEI Number 59-2800733	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

500004769455-4  
-01/11/02--01048--028  
\*\*\*\*450.00 \*\*\*\*450.00

7. Name and Address of Current Registered Agent	
Name <del>Poole &amp; Goldstein</del> POOLE GOLDSTEIN LLC	
Street Address (P.O. Box Number is Not Acceptable)	13450 West Sunrise Boulevard
Suite, Apt. #, Etc. Suite 150	
City Sunrise	State FL
	Zip Code 33323

500004769455-4  
-01/11/02--01048--029  
\*\*\*\*450.00 \*\*\*\*450.00

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 12/3/01

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
P	Brian D. Roe	15401 SW 82 <sup>ND</sup> Avenue	Miami, Florida 33157
D	Adrian V. Roe	6 Fort Street	Belize City, Belize
T	Silvino Rosado	6 Fort Street	Belize City, Belize
S	Judith Proulx	7960 NW 50 Street Bldg. 4 Apt. 302	Lauderhill, FL 33321

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:

Brian D. Roe

NOV. 29, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ROESONS INSURANCE SERVICES INC.

Payer

November 29, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: - Roesons Insurance Services  
FEI #: 59-2800733

Dear Sir or Madam:

This letter is to inform that Roesons Insurance Services has not received any Uniform Business Report or any mail from your department as of today's date. Please make a note that Roesons Insurance Services has moved its location:

From: 3201 N. Federal Hwy Suite 214  
Ft. Lauderdale

To: 15280 NW 79 Court, Suite 102  
Miami Lakes, FL 33016

I certify that Roesons Insurance Services has not received any annual reports, and it has not filed Articles of Dissolution, the corporation is currently in effect as of the date hereof, and such By-Laws have not been amended, modified or rescinded in any way and remain in full force and effect as of the date hereof.

Enclosed please find a check payable to the Florida Department of State in the amount of \$450.00 to activate Roesons Insurance Services, as your telephone advisor indicated on November 15, 2001. Also enclosed please find the executed reinstatement form. Finally, enclosed is a check to cover fees for a Certificate of Status in the amount of \$8.75. In case that you have any questions, please do not hesitate to call me at 305 821-6131.

Sincerely,



Brian D. Roe  
President