

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 16 AM 10:02

DOCUMENT # N93000000256

1. Corporation Name

Roca Eterna, Inc.

Principal Place of Business

13014 NE 8 Avenue
N. Miami, FL 33161

Mailing Address

same

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 1/6/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0392027

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
P/D	Alberto Santiago	14430 NW 15 Drive	Miami, FL 33167
S/D	Aleida Santiago	14430 NW 15 Drive	Miami, FL 33167
T/D	Ramon Vera	1300 NE 203 Street	N. Miami Beach, FL 33179

8. Name and Address of Current Registered Agent

Jose Alberto Mercado
12835 NW 1 Avenue
N. Miami, FL 33161

9. Name and Address of New Registered Agent

Name
Alberto Santiago

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

14430 NW 15 Drive

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code

33167

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 *Alberto Santiago*
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Alberto Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-97
Date

892-8705
Daytime Phone #

CR2E040 (12/96)