

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -1 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7000000 25816

1. Corporation Name

Roger Rodriguez P.A.

2. Principal Office Address

2800 Biscayne Blvd

Suite, Apt. #, etc.

303

City & State

Miami FL

Zip

33137

Country

USA

3. Mailing Office Address

2800 Biscayne Blvd

Suite, Apt. #, etc.

#303

City & State

Miami FL

Zip

33137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/7/2000

5. FEI Number

65-0493280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

300006981563-4

-08/08/02--01078--003

****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

Roger Rodriguez P.A.

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

2800 Biscayne Blvd #303

Suite, Apt. #, Etc.

#303

City

Miami

State

FL

Zip Code

33137

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

3-14-02

7-31-02

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
Pres	Roger Rodriguez	2800 Biscayne Blvd #303	Miami FL 33137
Sec	"		
Dir	"		

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

Roger Rodriguez

Date

7/31/02
3/14/02 - 305/5729910

Daytime Phone #

CR2E081 (9/00)