

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060648

1. Corporation Name

ROSA ENTERPRISES, INC.

Principal Place of Business

7809 NW 40TH ST.
CORAL SPRINGS FL 33065

Mailing Address

7809 NW 40TH ST.
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2000

5. FEI Number

65-1023552

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FRAGA, DEBORAH	7809 NW 40TH ST.	CORAL SPRINGS FL 33065
D	DOSANTOS, ROSANE M	7809 NW 40TH ST.	CORAL SPRINGS FL 33065

08/31/01 90004 036 \$550.00

8. Name and Address of Current Registered Agent

FRAGA, DEBORAH
7809 NW 40TH ST.
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/26/01

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/01
Daytime Phone #

CR20040 (8/01)

2052

PATRICK RALEY

CERTIFIED PUBLIC ACCOUNTANT

5440 North State Road 7, Suite 207
Ft. Lauderdale, Fl 33319
(954)485-1225

Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Fl 32314

October 27, 2001

RE: Rosa Enterprises, Inc.

Dear Sirs,

This is in reference to the dissolution of the above named company.

The corporation was dissolved due to the failure of the owners to properly complete the Uniform Business Report. They paid \$ 150 in March and another \$ 550 in August, but they failed to complete the report.

They brought the dissolution letter to me to see why it was dissolved. After calling Tallahassee and finding out what happened, I had them meet with me to make sure the form was properly completed. Their business is not doing well and they cannot afford to pay someone to show them how to do these things and that is why they tried to do it themselves.

Enclosed is the completed Uniform Business Report. They respectfully request that their 2nd check for \$550 be refunded since the original check was timely. Their omission was not purposely negligent as evidenced by their sending the 2nd check for \$ 550 and they do not recall getting any other correspondence concerning this matter.

Your consideration is appreciated,


Patrick Raley

cc:deborah fraga