

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 30 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096275

1. Corporation Name

Rodicars, Inc

2. Principal Office Address

3339 Benthollow LN

Suite, Apt. #, etc.

3. Mailing Office Address

3339 Benthollow LN

Suite, Apt. #, etc.

City & State

Duluth, GA

City & State

Duluth, GA

Zip

30096

Country

USA

Zip

30096

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/2000

5. FEI Number

65-1046199

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

Esperanza Patino

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

9410 Tangerine Place apt 204

Suite, Apt. #, Etc.

204

City

Fort Lauderdale

State

FL

Zip Code

33324

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

Esperanza Patino

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|--------------------|
| CEO | German Rodriguez | 3339 Benthollow LN Duluth GA 30096 | Duluth GA 30096 |
| CFO | HERMAN D. Rodriguez | 3339 Benthollow LN | Duluth GA 30096 |
| SEC | GERMAN E Rodriguez | 3339 Benthollow LN | Duluth GA 30096 |
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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:

German Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(770) 814-7097

Daytime Phone #

CR2E081 (9/01)