

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION  
REINSTATEMENT



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

FILED

02 JAN -2 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-01/18/02--01072--017  
\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT # P00000109670

1. Corporation Name

AROMA MOTORS CORPORATION

2. Principal Office Address

8843 NW 117 ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Gdns. FL

City & State

Zip

Country

33018

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/00

5. FEI Number

65-1060560

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

ROLANDO A. OCHOA

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

8867 NW 117 ST

Suite, Apt. #, Etc.

City

Hialeah Gardens

State

FL

Zip Code

33018

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

*[Signature]*

Date

11/30/01

REGISTERED AGENT MUST SIGN

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
President	ROLANDO A. OCHOA	8867 NW 117 ST	Hialeah Gdns, FL 33018
VP	Ramon E. Mateo	8843 NW 117 ST	Hialeah Gdns, FL 33018

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

ROLANDO A. OCHOA

Date

11/30/01

Daytime Phone #

786-236-5104

CR2E081 (9/00)

*please do not detach -*

**Aroma Motors Corporation**

8843 NW 117<sup>th</sup> Street  
Hialeah Gardens, Florida 33018  
Phone: 786-238-5104 Fax: 305-828-2574

-2-

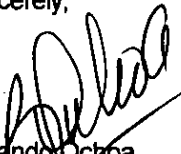
December 1, 2001

Florida Department Of State  
Division Of Corporations

To Whom It May Concern

This letter is to inform the Florida Department Of States, Division Of Corporation that Aroma Motor Corporation has not received till the present date the form for this year. We were incorporated to do business in Florida since 11/2000 but our company is yet to start operating. We are sending a check for \$61.25 to cover the annual Report Fee. We are doing all the steps necessary to start of on the right foot. This problem is due to the disappearance of the person in charge of our paper work. It would be greatly appreciated if you can excuse us from the Reinstatement Fee.

Sincerely,

  
Rolando Ochoa  
President

  
Ramon Matos  
Vicepresident