

APPROVED
AND
FILED

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY -4 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000114396

1. Corporation Name

ROAM INVESTMENTS, INC.

W06 000012753

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address

9100 SOUTH DADELAND BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE 912

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33156

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/2000

5. FEI Number

01-0642956

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

AURELIO A PIEDRA

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

9100 South Dadeland Blvd

Suite, Apt. #, Etc.

ste 912

City

Miami

State

FL

Zip Code

33156

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 03-09-06

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
PVST	ROBERTO AM	1200 BRICKELL AVE STE 1440	MIAMI, FL. 33131

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 contained in Chapter 119, 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

03-09-06

Date

Daytime Phone #

51100

2/2

VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

ONE DATRAN CENTER
9100 SOUTH DADELAND BLVD.
SUITE 912
MIAMI, FLORIDA 33156
TELEPHONE
(305) 671-0003
FAX
(305) 671-6263

March 9, 2006

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

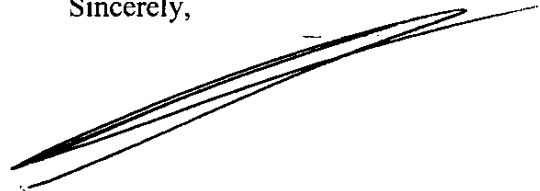
Ref: Roam Investments, Inc.
P#00000114396

To Whom It May Concern:

In reference to the above-mentioned company, please note that my client never received any notifications for reinstatement; therefore he didn't know that he had to pay for it. Please abate the penalties on the grounds of reasonable cause.

If you have any questions do not hesitate to call me at your earliest convenience.

Sincerely,



Aurelio A Piedra