


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

<b>CORPORATION</b> 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>PO1000015722</i> 1. Corporation Name <i>Rolfe Investments Inc</i>			
2. Principal Office Address <i>169 E. Flagler St</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>169 E. Flagler St</i> Suite, Apt. #, etc. <i>1534</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33131</i>	Country <i>USA</i>	Zip <i>33131</i>	Country <i>USA</i>

FILED

02 NOV -6 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA4. Date Incorporated or Qualified  
To Do Business in Florida *Feb 12/01*

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐3875 Additional Fee constitutes  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name *Carlos Benitez*

Street Address (P.O. Box Number is Not Acceptable)  
*1820 N. Corporate Lakes Blvd*

Suite, Apt. #, Etc.  
*201*

City *Winston*

State  
FLZip Code  
33326

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 *Nov 14/02*

## 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
P	Hector J. Hurtado	169 E. Flagler St #1534	Miami, FL 33131
S	Carlos Benitez	1820 N. Corporate Lakes Blvd	Winston, FL 33326

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

Nov 14/02

Date

(954) 598 1598

Daytime Phone #

CR2001 (9/01)

*Page 2 of 2*

Thursday, November 14, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REINSTATEMENT DIVISION.

To Whom It May Concern:

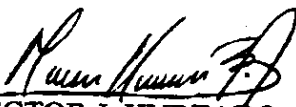
As I was advised I am sending this letter to explain why I am sending a CORPORATION REINSTATEMENT APPLICATION.

- I filed a UBR and sent a \$ 550 check via certified mail, on September 12, 2002.
- As I was told I was sent a revision letter, which I never received
- I am applying for an FEI #, but if the corporation appears inactive the IRS will not issue one.
- I am requesting for my corporation to be reinstated and **the reinstatement fee be waived**, since I have not received anything in the mail.

Thank you very much for your cooperation in this matter.

If you need any further assistance please let me know.

Thank you,

  
HECTOR J. HURTADO.  
954 394 1956  
954 476 0824 FAX