

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000027304

1. Corporation Name
ROXMA INCORPORATED

38853 JAMES COURT
38853 JAMES COURT

2. Principal Office Address
38853 JAMES COURT

3. Mailing Office Address
38853 JAMES COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ZEPHYRHILLS FLORIDA

City & State
ZEPHYRHILLS, FLORIDA

Zip
33540

Country
USA

Zip
33540

Country
USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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09/17/04--01050--010 *150.00

03-04

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 03/16/01

5. FEI Number
593705938

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KEVIN ANDERSON

Street Address (P.O. Box Number is Not Acceptable)
38853 JAMES COURT

800041121598
10/04/04--01023--001 *150.00

Suite, Apt. #, Etc.

City
ZEPHYRHILLS

State
FL
Zip Code
33540

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

Date 9/13/04

REGISTERED AGENT MUST SIGN

CR2E881 (01/04)

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
PRES	KEVIN ANDERSON	38853 JAMES COURT	ZEPHYRHILLS, FL 33540
V.PRES	KRISTY ANDERSON	38853 JAMES COURT	ZEPHYRHILLS, FL 33540

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)(l), 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:

09-13-04 (813)783-8583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/04