

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -1 PM 1:22

DOCUMENT # P01000027304

1. Corporation Name

ROXMA INCORPORATED

38853 JAMES COURT
38853 JAMES COURT

2. Principal Office Address

38853 JAMES COURT

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FLORIDA

Zip

33540

Country

USA

3. Mailing Office Address

38853 JAMES COURT

Suite, Apt. #, etc.

City & State

Zephyrhills,
FLORIDA

Zip

33540

Country

USA

REINSTATEMENT

03-04

**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 ☐

\$8.75 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

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

Kevin W. Anderson

Date 9/13/04

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
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)(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:

Kristy L. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-13-04 (813) 783-8583
Date Daytime Phone #

10/1/04

CR2081 (01/04)