

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008837681
11/06/02--01137--017 **150.00

DOCUMENT # P01000029395

1. Corporation Name

RONCELI, INC.

Principal Place of Business

231 NORTHWEST 85TH COURT
MIAMI, FL 33126

Mailing Address

231 NORTHWEST 85TH COURT
MIAMI, FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARIN, RONALD R	231 NORTHWEST 85TH COURT	MIAMI FL 33126
VSTD	DRAGONETTI, ANGELA	231 NORTHWEST 85TH COURT	MIAMI FL 33126

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Ronald Marin
Street Address (P.O. Box Number is Not Acceptable)
231 NW 85 CT
Suite, Apt. #, Etc.
Miami F
City FL State FL Zip Code 33126

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-04-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-04-02 305-2678560

Dear, Officer of Florida Department of State I want to let you know that I found out about the annual report that needed to be done for the corporation by this notice of resolution. I did not receive any other notification but this one in reference to this matter.

Thanks

Ronald Marin
President.