

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 52

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-01000035822

1. Corporation Name

Rodalatina, Inc.

2. Principal Office Address
13520 SW 96 St.

3. Mailing Office Address
13520 SW 96 St.

REINSTATEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 04/04/01

City & State
Miami, FL

City & State
Miami, FL

5. FEI Number 65-1129731
Applied For
Not Applicable

Zip 33186 Country USA

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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jorge castillo

Street Address (P.O. Box Number is Not Acceptable)
13520 SW 96 St.

000041330788
09/24/04--01089--002 **1050.00

Suite, Apt. #, Etc.

City
Miami

State FL Zip Code 33186

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 9/8/04

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
P	Pascual Grillo	Segurola 4151	B.Aires (1419)
VP	Christian Grillo	Segurola 4151	Buenos Aires (1419)

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/2004
Date

54-11-4501-7684
Daytime Phone #