

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

06 MAR 20 09:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

02-06

CR2E081 (12/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS
Wob 000004202

DOCUMENT # P01000040314

1. Corporation Name

Rodion Enterprises, Inc.

Wob-4202

2. Principal Office Address

2866 Tennis Club Dr

Suite, Apt. #, etc.

103

City & State

W. Palm Beach, FL

Zip

33417

Country

USA

3. Mailing Office Address

2866 Tennis Club Dr.

Suite, Apt. #, etc.

103

City & State

W. Palm Beach FL

Zip

33417

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1098978

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

Ionel Dreghici

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

2866 Tennis Club Drive

Suite, Apt. #, Etc.

103

City

West Palm Beach

State

FL

Zip Code

33417

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

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
P	Ionel Dreghici	2866 Tennis Club Dr	W.P.B. FL 33417
VP	Rodica Dreghici	2866 Tennis Club Dr.	W.P.B. FL 33417
S,T	Ionel Dreghici	2866 Tennis Club Dr.	W.P.B. FL. 33417

400069057784
03/30/06--01051--014 **750.00

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/14/06

B. Mitchell MAR 23 2006

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RODION ENTERPRISES, INC.

2866 TENNIS CLUB DRIVE #103
WEST PALM BEACH, FL 33417

March 16, 2006

TO: FLORIDA DEPARTMENT OF STATE

Division of Corporation

Ref. Number: P01000040314

I am submitting the request of waiver of the \$600.00 reinstatement fee, because, I was not aware that I have to pay each year a fee and I never received any letter for payment. I am willing to pay the fee each year from this time on.

I appreciate your help.

Sincerely,

Ionel Dreghici