PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION . **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ROLDAN ENTERPRISES, INC.

2. New PrincipaLOffice Address, If Applicable

<u>47855 Vistributiou Court</u>

7971 SAGEBRUSH PLACE ORLANDO PL 32822 -

7971 RAGEBRUCH PLACE

3. New Mailing Office Address, If Applicable

Distribution Court

ORLANDO PL 32822

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA



 Date Incorporated or Qualified To Do Business in Florida 05/04/2001 5. FEI Number-Applied For

Not Applicable CERTIFICATE OF STATUS DESIRED 12 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) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director D ROLDAN, PETER 7971 SAGEBRUSH PLACE ORLANDO FL 32822 D ROLDAN, TANYA M 1594 EAST FORKS RD. BAY SHORE FL 11706 100008787501 11/04/02--01079--014 ***750.00 100008787501 11/04/02--01079--015 **8, 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Roldan CORPORATION SERVICE COMPANY (P.Q. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL-32301_ Zip Code

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

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:



ROLDAN ENTERPRISES INC.

4855 Distribution Court Unit #9 Orlando, Florida 32822 407-273-6366

Oct 15, 2002

Division Of Corporation Annual Report/ Reinstatement Section PO Box 6327 Tallahassee, Florida 32314-6327

Attn: Jim Smith

Secretary of State

Dear Sir:

Please accept my request for reinstatement of my Corporation.

Unfortunately, I had moved and had not received the paperwork sent by your agency. I received the last notice after I inquired about some mailing items not received and it was then that I received the notice.

Enclosed is the a check for the amount of \$350.00.

Your consideration to this matter is appreciated,

Sincerely,

Roldan Enterprises

Peter Roldan

President/Owner