

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -7 AM 11:36

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000085539**

1. Corporation Name

**ROXAVAR, Inc**

2. Principal Office Address

**13210 SW 20 ST**

3. Mailing Office Address

Suite, Apt. #, etc.

**SAME**

City & State

**Miami FL**

City & State

Zip

**33175**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/01/01**

5. FEI Number

**65-1146915**

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

**CANDIDA M HIDALGO**

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

**13210 SW 20 ST**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33175**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0903, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**4/30/03**

9. Name and Address of Each Officer 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
PD	Candida M. Hidalgo	13210 SW 20 ST	Miami FL 33175
SD	Carlos A. Hidalgo	13210 SW 20 ST	Miami FL 33175

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:

**Candida M. Hidalgo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/30/03**

Daytime Phone #

**305-226-3834**

CR2E081 (10/02)