

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000090128**

1. Corporation Name

R. O. P. Property Management, Inc.

2. Principal Office Address

6452 SW 4 street

3. Mailing Office Address

6452 SW 4 St.

REINSTATEMENT 02-03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Fl.

4. Date Incorporated or Qualified To Do Business in Florida

9/13/01

5. FEI Number

Applied For

Not Applicable

Zip

Country

33144

USA

Zip

Country

33144

USA

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Ramon Pitaluga

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

6452 SW 4 street

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL

33144

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

Ramon Pitaluga

REGISTERED AGENT MUST SIGN

Date

01-09-04

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
PTD	Ramon Pitaluga	6452 SW 4 street	Miami, FL 33144
VPSD	Opeba Pitaluga	6452 SW 4 Street	Miami, FL. 33144
			200027484482 01/23/04--01014--014 **150.00
			200027484482 01/23/04--01014--015 **150.00
			200027484482 01/23/04--01014--016 **150.00

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 under section 119.07(3)(f), 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:

Ramon Pitaluga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-09-04

Daytime Phone #

305

244-0923

CR2001 (9/01)

R.O.P. PROPERTY MANAGEMENT, INC

**6452 SW 4 Street
Miami, FL 33144
(305)244.0923**

January 8, 2004

Florida Department of State
Division of Corporations

Re: **R.O.P. Property Management, Inc.**
Document # P01000090128.

Dear Sr.,

As per my telephone conversation with your office, please accept this letter as a waiver to the penalty on my corporation. Furthermore, enclosed please find three money orders in the amount of \$150.00 each for my annual fee of the years 2002, 2003 and *including* 2004. I did not receive the Uniform forms by mail.

Please notice that my address has changed.

Thank you in advance for your attention in this matter.

Sincerely,



Ramon Pitaluga
President/Director