

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 27 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO 1000115756**

1. Corporation Name

ROBOSOFT CORPORATION

REINSTATEMENT 02

800009705358

12/27/02--01009--010 **758.75

2. Principal Office Address

10805 N.W. 23rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

10805 N.W. 23rd St.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33132

Country

USA

City & State

MIAMI, FL

Zip

33132

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 5, 2001

5. FEI Number

☒ 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

RONIEL RODRIGUEZ, IV, ESQ.

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

815 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

SECOND FLOOR

City

Coral Gables

State

FL

Zip Code

33134

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

RONIEL RODRIGUEZ, IV

REGISTERED AGENT MUST SIGN

Date **December 19, 2002**

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
D.E.	Walter A. Mejia	10805 N.W. 23rd St.	MIAMI, FL 33132
D.E.	RODOLFO LAMAR	10805 N.W. 23rd St.	MIAMI, FL 33132

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:

Rodolfo Lamar

RODOLFO LAMAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 19, 2002

Date

Daytime Phone #

593-0808

305-44

gr/k