

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 16 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120839

1. Corporation Name

Rocoso International, Inc

15771 Sheridan Street

15771 Sheridan Street

2. Principal Office Address

15771 Sheridan Street

Suite, Apt. #, etc.

3. Mailing Office Address

15771 Sheridan Street

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33331

Country

United State

Zip

33331

Country

United State

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

12/26/2001

5. FEI Number
69-0010036

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

Nayarit Briceno

Street Address (P.O. Box Number is Not Acceptable)
9050 Pines Blvd.

Suite, Apt. #, Etc.
Suite 450

City

Pembroke Pines

State

FL

Zip Code

33024

700042768317
11/16/04--01018--016 **300.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/08/04

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
VPD	Osorio, Karina	15771 Sheridan Street	Davie, FL 33331
PD	Jimenez, Maria	15771 Sheridan Street	Davie, FL 33331

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:

by *Karina Osorio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/04

Date

Daytime Phone #

CR2E081 (01/04)

282

[illegible]

Via Regular Mail

Vice President/ Director