

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 22 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000121618

1. Corporation Name

Roxlyn Enterprise Corp.

300024025163
10/22/03--01069--013 **150.00

REINSTATEMENT 03

2. Principal Office Address

255 SW 82nd Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33144

Country

USA

3. Mailing Office Address

255 SW 82nd Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/01

5. FEI Number

69-0011975

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

Joslyn Martinez

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

255 SW 82nd Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

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

Joslyn Martinez

REGISTERED AGENT MUST SIGN

Date 10/16/03

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
PRES	<u>Joslyn Martinez</u>	<u>255 SW 82nd Ave</u>	<u>Miami FL 33144</u>

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:

Joslyn Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

(305) 790-4461

Daytime Phone #

CR2E081 (10/02)

gr 10/27

October 16, 2003

Florida Department of State
Division of Corporations
Reinstatement Section
409 E. Gaines Street
Tallahassee, FL 32399

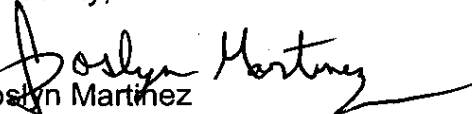
Re: Roxlyn Enterprise Corp.
P01000121618
Uniform Business Report - 2003

To whom it may concern:

I have recently been informed by a vendor that my corporation has been dissolved. However, I never received the annual business report in order to renew the articles of incorporation for 2003. We ask that you please exempt my company from this penalty. I am enclosing a check in the amount of \$150.00 for the renewal.

Thanking you in advance for your cooperation.

Sincerely,


Joslyn Martinez
President
Roxlyn Enterprise Corp.
