

BO3000307572 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000062301			
1. Corporation Name ROAD WAY ENTERPRISES CORP.			
Principal Place of Business 1111 SW 8TH ST., STE. 201 MIAMI FL 33130		Mailing Address 1111 SW 8TH ST., STE. 201 MIAMI FL 33130	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 06/05/2002		5. FEI Number 01-0725427	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PVST	GALIANA ROSA A ANGELINA Tavarrete Galiana LIANA	5751 SW 122ND AVE 13925 NE 6 AVE # 209	MIAMI FL 33145 North Miami FL 33161
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GALIANA ROSA A 1111 SW 8TH ST., STE. 201 MIAMI FL 33130		Name ANGELINA Tavarrete Galiana Street Address (P.O. Box Number is Not Acceptable) 13925 NE 6 AVE Suite, Apt. #, Etc. APT # 209 City North Miami State FL Zip Code 33161	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.			
Signature of Registered Agent ANGELINA Tavarrete Galiana REGISTERED AGENT MUST SIGN		Date 10/29/2003	
11. 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: ANGELINA Tavarrete Galiana SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/29/2003 Daytime Phone #	

FILED

03 OCT 30 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

10/29/2003

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000307572 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ROAD WAY ENTERPRISES CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

Electronic Filing Menu

Corporate Filing

Public Access Help