# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000082309

1. Entity Name
RODOMIR INTERNATIONAL, INC.

FILED
04 DEC 29 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 14061 SW 54 STREET<br>MIAMI, FL 33175 | 14061 SW 54 STREET<br>MIAMI, FL 33175 |

12242004 REIN-P CR2E098 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 14552 S.W 158 CT | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI | City & State: FL |
| Zip: 33196 Country: U.S.A | Zip: 33196 Country: U.S.A |

4. FEI Number: 03-0477632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] SPIEGEL & UTRERA, P.A 12/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $750.00** See Attach
**After January 1, 2005, Fee will be $900.00**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CASTILLO, DANILO C<br>14061 SW 54 STREET<br>MIAMI, FL 33175 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 14552 S.W. 158 CT<br>MIAMI, FL 33196 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>OCASIO, RICHARD J<br>14061 SW 54 STREET<br>MIAMI, FL 33175 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 14552 S.W. 158 CT<br>MIAMI FL 33196 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GAGLIARDI, MARIA L<br>14061 SW 54 STREET<br>MIAMI, FL 33175 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 14552 S.W. 158 CT<br>MIAMI FL 33196 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 04 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 000043692F10<br>12/29/04--01012--015 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 12/03/04 01030 008 8.75 | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] DANILO CASTILLO 12/24/04 (786)344-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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11192004 REIN-P CR2E098 (6/04)

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|---|---|
| 14552 S.W. 158 COURT | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami | City & State: Florida |
| Zip: 33196 Country: U.S.A | Zip: 33196 Country: U.S.A |

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Danilo Castillo 11-19-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2005, Fee will be $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CASTILLO, DANILO C<br>14061 SW 54 STREET<br>MIAMI, FL 33175 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>SEE Above / Address |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>600043169276<br>12/03/04--01030--007 **150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>600043169276<br>12/03/04--01030--008 **8.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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SIGNATURE: Danilo Castillo 11-19-04 (786)344-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #