

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV 15 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089886

**1. Corporation Name**

ROL MORENA, INC.  
C/O GRAU & COMPANY

**2. Principal Office Address**

1110 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 901

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

**3. Mailing Office Address**

1110 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 901

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

**REINSTATEMENT**

CR2E081 (8/05)

04-05

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

**5. FEI Number**

75-1532451

☐ 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

ANDREW CUEVAS, ESQUIRE

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

536 BILTMORE WAY

Suite, Apt. #, Etc.

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

Date

REGISTERED AGENT MUST SIGN

**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
PSD	RICARDO LICURSI	6500 N.W. 72ND AVENUE	MIAMI, FLORIDA 33166
DVP	PATRICIA LICURSI	6500 N.W. 72ND AVENUE	MIAMI, FLORIDA 33166

**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)(a), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



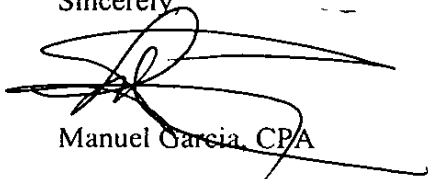
1110 Brickell Avenue, Suite 901  
Miami, Florida 33131-3132  
Ph: (305) 373-0123 • (800) 330-4728  
Fax: (305) 374-4415  
[www.graucpa.com](http://www.graucpa.com)

October 12, 2005

To Whom It May Concern:

I was advised by your reinstatement office, to explain the reason, in which our client ROL Morena, Inc. didn't make any payments, resulting in the dissolution of company. Our clients never received any notices and also they have been out of the country. Therefore, I was advised that the reinstatement fee of \$600.00 would be waived, leaving a balance of \$300.00 which brings account current. If you have any further questions, please feel free to contact me (305) 373-0123 x107. Thanks again in advance.

Sincerely



Manuel Garcia, CPA