

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 17 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096750

**1. Corporation Name**

RONDON EXPORT, INC

4100 NW 135 STREET  
4100 NW 135 STREET

**2. Principal Office Address**

4100 NW 135 STREET

**3. Mailing Office Address**

4100 NW 135 STREET

Suite, Apt. #, etc.

BAY #3

Suite, Apt. #, etc.

BAY #3

City & State

OPALOCKA, FL

City & State

OPALOCKA, FLORIDA

Zip

33054

Country

MIAMI-DADE

Zip

33054

Country

MIAMI-DADE

**4. Date Incorporated or Qualified**

To Do Business in Florida 09/04/02

**5. FEI Number**

81-0569783

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

FRANCISCO O RONDON

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

4100 NW 135 STREET

Suite, Apt. #, Etc.

BAY #3

City

OPALOCKA

State

FL

Zip Code

33054

**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

*Francisco Rondon*

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
P	RONDON, FRANCISCO	4100 NW 135 STREET #3	OPALOCKA, FL 33054
T	RONDON, OMAR	4100 NW 135 STREET #3	OPALOCKA, FL 33054

**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:

*Francisco Rondon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07/04

Date

Daytime Phone #

3.

202

*Rondon Export, Inc*  
4100 NW 135 Street Bay #3  
Opa Locka, FL 33054

December 7, 2004

Florida Department of State  
Division of Corporations  
Attn: F. Toner  
P.O. Box 6327  
Tallahassee, FL. 32314

**Ref: Document # P02000096750**

Dear Sir or Madam:

Enclosed you will find Corporation Reinstatement Form, due the fact that on Sept 19, 2003 was inactive for Annual Report. We received letter dated September 16, 2003 which you were requesting complete the box 4 by entering the Federal Employer Identification, we completed your request and mail back to you. I would like to request waiver the reinstatement fee and penalties.

Enclosed you will find a check in the amount of \$150 covering the annual fees for the year 2004.

Thank you, for your cooperation in this matter and I do apologize for this inconvenient.

Sincerely yours,

  
**Francisco Rondon**  
President