PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 19 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000106980

**1.** Corporation Name

ROSANA MODELING INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 300 SOUTH POINT DRIVE | 300 SOUTH POINT DRIVE |
| Suite, Apt. #, etc.: 506 | Suite, Apt. #, etc.: 506 |
| City & State: MIAMI BEACH FL | City & State: MIAMI BEACH FL |
| Zip: 33139 Country: USA | Zip: 33139 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 10-03-04

**5.** FEI Number: 42-155 3233 ☐ 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: ROSANA GIMENES PERES
Street Address (P.O. Box Number is Not Acceptable): 300 SOUTH POINT DRIVE
Suite, Apt. #, Etc.: 506
City: MIAMI BEACH State: FL Zip Code: 33139

**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: [signature] Date: 10-17-04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

**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 | ROSANA GIMENES PERES | 300 SOUTH POINT DRIVE 506 | MIAMI BEACH FL 33139 ZIP |
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**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:** [signature] 10-17-04 (3056049706)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

**To: Florida Department of Revinil**

**I've been out of town and I haven't received the 2003 and 2004 Corporation form.**
**Reference 2003-Corp FI nº 42-155 3233**
**Reference 2004-Corp Fl nº 42-155 3233**

**Rosana Gimenes Peres - 10/17/04**