

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR -2 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129337

1. Corporation Name

ROADMAN ONE CORPORATION

2. Principal Office Address

6431 SW 44TH STREET

Suite, Apt. #, etc.

APT.#1

City & State

MIAMI FL

Zip

33155

Country

USA

3. Mailing Office Address

6431 SW 44TH STREET

Suite, Apt. #, etc.

APT.#1

City & State

MIAMI FL

Zip

33155

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/2002

5. FEI Number

54-2115482

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

MARTINEZ RODMAN

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

6431 SW 44TH STREET

Suite, Apt. #, Etc.

APT.#1

City

MIAMI

State  
FL

Zip Code  
33155

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

REGISTERED AGENT MUST SIGN

Date

2/25/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D      | MARTINEZ RODMAN                      | 6431 SW 44TH STREET APT.#1                        | MIAMI FL 33155     |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04 (786) 426-2115

CR2E031 (10/02)

REINSTATEMENT 03-04