

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

9/8/03 90311 013 \$550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 11 AM 8:49

DOCUMENT # P02000133643

1. Corporation Name

ROSCA INVESTMENTS CORP.

Principal Place of Business

Mailing Address

10250 SW 56ST STE A-104
MIAMI FL 33165

10250 SW 56ST STE A-104
MIAMI FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

20-0770953

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROJAS, JAIME	10250 SW 56ST STE A-104	MIAMI FL 33165
VS	CARRILLO DE ROJAS, GLADYS	10250 SW 56ST STE A-104	MIAMI FL 33165
V	ROSAS, LEONARDO	17118 PARADISE POINTE	TRULPA FL, 33647

000030934080
03/23/04--01070--038 **350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENAO, EDUARDO
10250 SW 56ST STE A-104
MIAMI FL 33165

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

3/8/04

REGISTERED AGENT MUST SIGN

11. 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

3/8/04

Date

Daytime Phone #