

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000134206

1. Entity Name  
ROOSTER TREE EXPRESS CORP.



FILED

04 NOV 19 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5412 D'ORSAY STREET  
SARASOTA, FL 34232

Mailing Address

5412 D'ORSAY STREET  
SARASOTA, FL 34232

2. Principal Place of Business

5412 D'ORSAY ST  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



City & State

SARASOTA FL.

City & State

SARASOTA FL.

Zip

34232

Country

SARASOTA

Zip

34232

Country

FL

4. FEI Number

50-0008171

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDUJANO, MARTIN  
5412 D'ORSAY STREET  
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Martin Mandujano*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/16/04

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MANDUJANO, MARTIN  
STREET ADDRESS 5412 D'ORSAY STREET  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE VP ☐ Delete  
NAME MANDUJANO, LILIANA  
STREET ADDRESS 5412 D'ORSAY STREET  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE T,S ☐ Delete  
NAME MANDUJANO, LILIANA  
STREET ADDRESS 5412 D'ORSAY STREET  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 400042898524  
STREET ADDRESS 11/19/04--01038--011 \*\*750.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Martin Mandujano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/04

DATE

(941)379-8497

Daytime Phone #