

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000033651

1. Corporation Name

ROSERIAL INC.

2. Principal Office Address - No P.O. Box #
224 Cotswold Circle

Suite, Apt. #, etc.

City & State

Davenport FL

Zip
33837

Country
USA

3. Mailing Office Address

224 Cotswold Circle

Suite, Apt. #, etc.

City & State

Davenport FL

Zip
33837

Country
USA

7. Name and Address of Current Registered Agent

Name
Milton J. Figueroa, Esquire

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

499 N SR 434

Suite, Apt. #, Etc.
Suite 2113

City
Altamonte Springs

State
FL

Zip Code
32714

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 **11/30/2007**

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	Diego Mendoza	224 Cotswold Circle	Davenport FL 33837

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 contained in Chapter 119, 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:

Diego Mendoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/2007

Date

407-745-0893

Daytime Phone #

FILED

2007 DEC -3 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600112782176
12/03/07--01075--022 **450.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/2003

5. FEI Number
450507481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2 of 2

MILTON J. FIGUEROA, ESQUIRE

499 N SR 434, SUITE 2113,
ALTAMONTE SPRINGS, FL 32714
(407) 745-0893
FACSIMILE (321) 206-5276

November 30, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

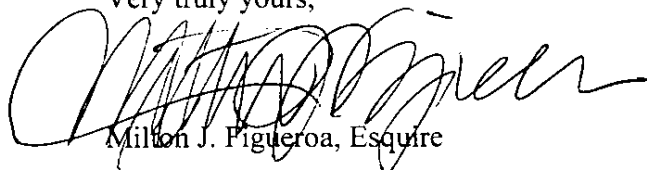
Re: ***Corporation Reinstatement for Roserial Inc.***

Dear Sir or Madam:

Enclosed please find the original Corporation Reinstatement form for the above-referenced corporation. Please note that because the corporation did not receive the prior notices regarding the filing of the annual report and/or its administrative dissolution, we are requesting a waiver of the reinstatement fee. Pursuant to your instructions, we have enclosed a check in the amount of \$450.00 to cover the annual report/supplemental fees for each year.

Please process this filing promptly and return any applicable documents to this office. Should you have any questions regarding this communication, please contact the undersigned.

Very truly yours,



Milton J. Figueroa, Esquire

Enclosures