

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000045317

1. Corporation Name

JOSE ROCA, Inc.

2. Principal Office Address - No P.O. Box #

297 MIRACLE MILE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

297 MIRACLE MILE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

7. Name and Address of Current Registered Agent

Name

ROCA MASSOTTI, JOSE MANUEL

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

297 MIRACLE MILE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

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
P3D	ROCA MASSOTTI, JOSE MANUEL	297 MIRACLE MILE	CORAL GABLES, FL 33134

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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE ROCA

10/18/07

Date

305-448-2808

Daytime Phone #

FILED
07 OCT 23 PM 1:50
TALLAHASSEE, FLORIDA

000111194430
10/23/07--01017--020 **300.00

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

4/25/03

5. FEI Number

86-1060136

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.