

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000045317

Entity Name: JOSE ROCA, INC.

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

297 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

297 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 86-1060136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOSE ROCA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ROCA MASSOTTI, JOSE MANUEL  
Address: 297 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE ROCA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR

02/08/2011

\_\_\_\_\_  
Date