

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 11 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000056276

1. Corporation Name

ROI PROMOTIONS, INC.

2. Principal Office Address

11362 NW 65 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

3. Mailing Office Address

PO BOX 520820

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33152

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05-14-03

5. FEL Number

65-1194196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEMMA F. CUEVAS

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

11362 NW 65 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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 07/10/07

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
D	EZEQUIEL CUEVAS, JR.	11362 NW 65 STREET	MIAMI, FL 33178
D	GEMMA F. CUEVAS	11362 NW 65 STREET	MIAMI, FL 33178

601106626886
07/24/07--01023--014 **450.00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/07

Date

Daytime Phone #