

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PO3000058454

1. Corporation Name

Roodoo, Inc.

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

1140 NW 74th Way
Suite, Apt. #, etc.

3. Mailing Office Address

1140 NW 74th Way
Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

Boward

Zip

33024

Country

Boward

7. Name and Address of Current Registered Agent

Name

Joseph A. Nofil, P.A.

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

3284 N. State Rd 7

Suite, Apt. #, Etc

City

Land Lakes

State

FL

Zip Code

33719

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/26/10

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
PSD	Chaves, Rodolfo	1140 NW 74th Way Hollywood, FL 33024	Hollywood, FL 33024

202/1

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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, I further certify 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]
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/2010

Daytime Phone #

FILED

10 JAN 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

200167535412
01/25/10--01/27--005 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5/28/2003

5. FEI Number

02-0693861

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.