

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

132

DOCUMENT # P03000127953

1. Entity Name  
CARMEN ROJAS, INC.



FILED

04 DEC 13 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1405 AMBERWOOD BLVD  
KISSIMMEE, FL 34741

Mailing Address  
1405 AMBERWOOD BLVD  
KISSIMMEE, FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12032004

REIN-P

CR2E098 (6/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROJAS, CARMEN  
1405 AMBERWOOD BLVD  
KISSIMMEE, FL 34741

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
ROJAS, CARMEN  
1405 AMBERWOOD BLVD  
KISSIMMEE, FL 34741 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
ROJAS, ULYSES  
1405 AMBERWOOD BLVD  
KISSIMMEE, FL 34741 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FUENTES, OSCAR  
% 1405 AMBERWOOD BLVD  
KISSIMMEE, FL 34741 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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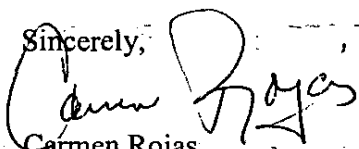
December 3, 2004

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

Dear: Sirs

Enclosed you'll find a check for the amount of \$150.00 and the reinstatement form for Carmen Rojas, Inc." Doc# P03000127953. Per a telephone conversation with your department, this will cover the amount due to restore our corporation with the state. We never received the letter asking for renewal for our company that was just opened last November 6, 2003. Please accept our apologies for the delay it seems that we never received your notifications for the corporation renewal. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,



Carmen Rojas  
President  
1405 Amberwood Blvd  
Kissimmee, Florida 34741

ENCLOSURE