


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 MAR -8 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000093246740  
03/16/07--01009--003 \*\*450.00

REINSTATEMENT 05-07

DOCUMENT # P040000052598  
1. Corporation Name  
**Rocas Industries Inc.**  
WD70000006519

2. Principal Office Address - No P.O. Box # <b>901 SW 147th. CT.</b>		3. Mailing Office Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami</b>		City & State	
Zip <b>33194</b>	Country <b>USA</b>	Zip	Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <b>20-0913785</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**Hydarmes B. Torres**

Street Address (P.O. Box Number is Not Acceptable)  
**901 S.W 147th. Court**

Suite, Apt. #, Etc.

City  
**Miami,**

State  
**FL**

Zip Code  
**33194**

☐ 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.

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]* Date *[Signature]*

REGISTERED AGENT MUST SIGN

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
Pstd	Ysmenia Rodriguez	901 S.W. 147th.Court	Miami, FI . 33194

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]* 02-02-07 786222698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

January 23, 2007

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

Re: Rocas Industries Inc.  
901 S. W. 147<sup>th</sup> Court  
Miami, Florida 33194

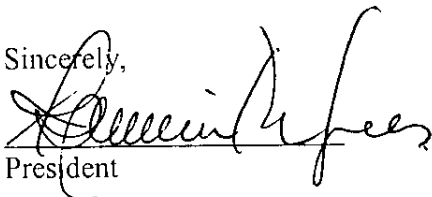
Dear Sir:

The purpose of this letter is to request a waiver of penalties for late filing of our annual reports for years 2005 and 2006 for the above referenced. Below will be listed several reasons for such request:

- Management was under the impression that the Registered agent for the Corporation over two and half years was filing all type of forms required by the different authorities
- We never receive forms or request to file the required annual reports at our office.
- Management has contacted a CPA who has since processed all accounting records. Management also has had to repay for work that we believed was previously done. However, it has come to our attention that it was previously not properly executed.

I thank you for your time and cooperation with this matter, should you have any question please do not hesitate to contact me at.

Sincerely,



President