

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV 17 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000080229

**1. Corporation Name**

ROLANDO & SON, INC

**2. Principal Office Address**

253 COMPETITION DR  
Suite, Apt. #, etc.

**3. Mailing Office Address**

253 COMPETITION DR  
Suite, Apt. #, etc.

**City & State**

KISSIMMEE FL

**City & State**

KISSIMMEE FL

Zip 34743 Country

Zip 34743 Country

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**

20-1145696

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required for a Certificate of Status

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name ROLANDO GUERRERO

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

Suite, Apt. #, Etc.

City KISSIMMEE

State FL Zip Code 34743

**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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 10/13/05

**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
P.	ROLANDO GUERRERO	253 COMPETITION DR	KISSIMMEE FL/34743

600061520156  
11/17/05--01045--014 \*\*150.00

**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 under section 119.07(3)(i), 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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/13/05

Date

Daytime Phone #

**ROLANDO & SON, INC.**

P04000080229

253 Competition Dr.

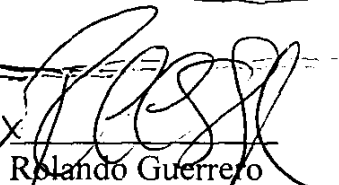
Kissimmee, FL 34743

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~~To Whom It May Concern,~~

This letter is to request removal of reinstatement penalties put upon my corporation. I did not receive any of the annual reports and that is why I did not make the annual payments. Now, I wish to reinstate my corporation and I enclosed check for \$150.00. I If you have any questions, please do not hesitate to contact me.

Sincerely,



x  
Rolando Guerrero  
President