

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 2:55

DOCUMENT # P04000168663

1. Corporation Name

Roa & Dominguez Inc.

800120762068
03/19/08--01040--022 **750.00

B4/14/08

REINSTATEMENT 05-08

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

512 East Ann Street

3. Mailing Office Address

13W. Halthie Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda

City & State

SUFFERN NY.

Zip

33950

Country

USA.

Zip

10901

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1994901

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
Betty Roa

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

Suite, Apt. #, etc.
Punta Gorda

City
FLORIDA

State
FL

Zip Code
33950

☒ 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

Betty Roa

REGISTERED AGENT MUST SIGN

Date 03-14-08

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
<u>President</u>	<u>Betty Roa</u>	<u>13W. Halthie Ave.</u>	<u>SUFFERN NY 10901</u>
<u>V. Vicep.</u>	<u>Maria C. Dominguez</u>	<u>6 Sumter Rd.</u>	<u>Honsey NY 10952</u>

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:

Betty Roa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-08

Date

845-2578312
845-5045635

Daytime Phone #