

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000043660

1. Entity Name
RORSOL, INC.



Principal Place of Business
**14800 SW 136 STREET
MIAMI, FL 33196**

Mailing Address
**14800 SW 136 STREET
MIAMI, FL 33196**

2. Principal Place of Business - No P.O. Box #
14280 S.W. 142 ST.

Suite, Apt. #, etc.
Suite 208

City & State
MIAMI, FL

Zip
33186-5599

Country
USA

3. Mailing Address
14280 S.W. 142 ST.

Suite, Apt. #, etc.
Suite 208

City & State
MIAMI, FL

Zip
33156-5577

Country
USA

FILED

2008 FEB -6 AM 9:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

01302008 REIN-P ACR2E098 (1/07) 708

4. FEI Number
20-2722933

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLAXBERG, I. B ESQ.
25 SE SECOND AVENUE
SUITE 730
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
HOWARD SOLTZ

Street Address (P.O. Box Number is Not Acceptable)
14280 S.W. 142 ST., Suite 208

City
MIAMI

FL Zip Code
33186-5599

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 \$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	P SOLTZ, HOWARD 14800 SW 136 STREET MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLTZ, HOWARD 14280 S.W. 142 ST., Suite 208 MIAMI, FL 33186-5599 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RORABAUGH, KENNETH 14800 SW 136 STREET MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RORABAUGH, KENNETH 14280 S.W. 142 ST., Suite 208 MIAMI, FL 33186-5599 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Howard Soltz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/1/08**

Daytime Phone #: **305-887-2928**