

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 24 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000110859

1. Corporation Name

ROJO & ASSOCIATES CORP.

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

10070 SW 28 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33165

Zip
33165

Country
USA

3. Mailing Office Address

10070 SW 28 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33165

Zip
33165

Country
USA

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/2005

5. FEI Number

20-3296742

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

JENNIFER ROJO

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

10070 SW 28 STREET

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA 33165

State

FL

Zip Code

33165

☐ 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

REGISTERED AGENT MUST SIGN

Date **09/20/2007**

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	JENNIFER ROJO	10070 SW 28 STREET	MIAMI, FLORIDA 33165
VP	MARTHA ROJO	10070 SW 28 STREET	MIAMI, FLORIDA 33165
S	EDGAR ROJO	10070 SW 28 STREET	MIAMI, FLORIDA 33165
O	HARRISON ROJO	1975 SW 23 TERR	HOMESTEAD, FL 33035

500109824085
09/24/07--01045--009 **900.00

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 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:

MARTHA ROJO

09/20/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #