

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -2 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000105329

1. Corporation Name

Jo Roka Company INC.

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

224 Lee Ov. NE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVE OAK, FL.

City & State

FL

Zip

Country

32064

Zip

Country

7. Name and Address of Current Registered Agent

Name

Carlos A. Rodriguez

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

224 Lee Ov. NE

Suite, Apt. #, Etc.

City

LIVE OAK

State

FL

Zip Code

32064

4. Date Incorporated or Qualified
To Do Business in Florida

SEP. -21-2007

5. FEI Number

45-0574114

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

(Carlos) C. Rodriguez
REGISTERED AGENT MUST SIGN

Date

03-02-10

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
President	Carlos A. Rodriguez	224 Lee Ov. NE	Live Oak FL. 32064
President	Olga M. Rodriguez	224 Lee Ov. NE	Live Oak FL. 32064

10. E-mail Address:

Alexy-Rodriguez@Hotmail.com

(To be used for future annual report notification)

11. 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. I further certify 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:

(Carlos) C. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-02-10 (386-590-1138)

3/2 ad