PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000030431

1. Corporation Name

Root Venture Capital Corp.

REINSTATEMENT

CR2E091 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8463 NW 107th Path		8463 NW 107th Path	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 3		Unit 3	
City & State		City & State	
Doral		Doral	
Zip	Country	Zip	Country
33178	USA	33178	USA

4. Date Incorporated or Qualified To Do Business in Florida
March 28, 2012

5. FEI Number
None
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional fee required for a Certificate of Status

2013-2014

7. Name and Address of Current Registered Agent

Name
Herman J. Garcia-Rojas

Street Address (P.O. Box Number is Not Acceptable)
8463 NW 107th Path

Suite, Apt. #, etc.
Unit 3

City | State | Zip Code
Doral | FL | 33178

SEP 26 2014

L. SELLERS

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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 _____ Date 11/04/2014

REGISTERED AGENT MUST SIGN

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
PD	HERMAN J. GARCIA-ROJAS	8463 NW 107th Path, Unit 3	Doral, Florida 33178
VD	RAFAEL PINO ROJAS	8463 NW 107th Path, Unit 3	Doral, Florida 33178
SD	LEONARDO PEREZ ALVAREZ	8463 NW 107th Path, Unit 3	Doral, Florida 33178
TD	JOSE E. JAUA-ALEMAN	8463 NW 107th Path, Unit 3	Doral, Florida 33178
D	LUIS J. GARCIA-GONZALEZ	8463 NW 107th Path, Unit 3	Doral, Florida 33178
D	JONATHAN FERNANDES	8463 NW 107th Path, Unit 3	Doral, Florida 33178

10. E-mail Address: leonardo.perez@lumuro.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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 07/17/2014 158141242277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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