

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15000029315**

1. Corporation Name

RO SYSTEMS INTERNATIONAL CORP

2. Principal Office Address - No P.O. Box #
701 BRICKELL AVE

3. Mailing Office Address
701 BRICKELL AVE

Suite, Apt. #, etc.
SUITE 1550

Suite, Apt. #, etc.
SUITE 1550

City & State
MIAMI

City & State
MIAMI

Zip Country
33131 US

Zip Country
33131 US

4. Date Incorporated or Qualified
To Do Business in Florida **03/24/2015**

5. FEI Number **81-3633805**

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
ORTIZ, RAMON R

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

Suite, Apt. #, Etc.
SUITE 1550

Text

City State Zip Code
MIAMI FL 33131

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **06/22/2021**

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	ORTIZ, RAMON R	701 BRICKELL, SUITE 1550	MIAMI, FL 33131

[Signature]
6/23

10. E-mail Address: **ROSYSTEMSINT@GMAIL.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, 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:

[Signature]
06/22/2021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



June 22, 2021

FILED
2021 JUN 23 AM 6:39
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

To whom this may concern:

The purpose of this email is to advise that Office Edge/Legal Edge would like to revoke the formal complaint we did back in March 2021 regarding the use of our address.

RO systems has formally signed a contract with us to be able to use our business address for business and mailing purposes. Therefore we can please disregard the complaint filed and they can continue using our address.

If you need any further information, assistance please do not hesitate to contact me at 305-728-5200 or email.

Gabriela Espinoza

Office Manager

N/C
607.0124(4)

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