

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27464

1. Corporation Name

THE ROTH VENTURES, INC.

Principal Place of Business

Mailing Address

19707 TURNBERRY WAY
UNIT 11-H
N. MIAMI BEACH FL 33180
US

C/O SOLLINS AND STOKELY
409 WASHINGTON AVE., SUITE 1010
TOWSON MD 21204
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

20023 NE 39th PLACE

3. New Mailing Office Address, If Applicable

C/O ~~Stuart G. Israelson~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10711 Red Run Blvd Ste 101

City & State
AVENTURA, FL

City & State
OWINGS MILLS MD

Zip
33180

Country
USA

Zip
21117

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1989

5. FEI Number

52-0985297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	ISRAELSON, MAX R.	19707 TURNBERRY WAY, UNIT 11H	NORTH MIAMI BEACH FL
PD	ISRAELSON, STUART G.	21500 W DIXIE HWY 20023 N.E. 39th Place	AVENTURA, FL 33180 NORTH MIAMI FL 33180 Beach
STD	CARROLL, WENDY ISRELSON	5672 OAKMONT AVE	HOLLYWOOD FL 33312
AS	HODKIN, PETER M.	2200 W. COMMERCIAL BLVD	FT LAUDERDALE FL

REINSTATEMENT 200001

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HODKIN, PETER, M, ESQ
2200 W COMMERCIAL BLVD.
SUITE 302
FORT LAUDERDALE FL 33309

Name
Stuart G. Israelson
Street Address (P.O. Box Number is Not Acceptable)
20023 N.E. 39th Place
Suite, Apt. #, Etc.

City
North Miami Beach AVENTURA State
FL Zip Code
33180

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Stuart G. Israelson
REGISTERED AGENT MUST SIGN

Date

6/15/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Stuart G. Israelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stuart G. Israelson, President

Date

Daytime Phone #

6/15/01 (305) 937-3836

800004481628-010
-07/17/01-01098-010
****908.75 ****908.75

FILED

01 JUN 21 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E040 (8/00)