

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

AUG 16 AM 10:00

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000008945**

1. Corporation Name

**ROLY FERNANDEZ INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**21500 S.W. 183 Avenue  
Miami, FL 33187**

**21500 S.W. 183 Avenue  
Miami, FL 33187**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

*96-99*

4. Date Incorporated or Qualified  
To Do Business in Florida  
**02/04/93**

5. FEI Number  
**65-0408677**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
V-P	Julio Fernandez	21500 S.W. 183 Avenue	Miami, FL 33187

**600002969166--8  
-08/25/99--01004--014  
\*\*\*1208.75 \*\*\*1208.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Rolando Fernandez  
10764 S.W. 188 Street  
Miami, FL 33177**

Name **Julio Fernandez**

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

**21500 S.W. 183 Avenue**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33187**

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

REGISTERED AGENT MUST SIGN

Date **8/5/99**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 in 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Julio Fernandez**

**8/5/99**

Date

**(305) 255-9638**

Daytime Phone #

CR2E061 (12/98)