

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra L. Northan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 23 AM 10:52

DOCUMENT # **P93 0000 16235**

1. Corporation Name

RODOSO, INC.

Principal Place of Business

Mailing Address

17160 GRAND BAY DRIVE  
BOCA RATON, FL 33496

17160 GRAND BAY DRIVE  
BOCA RATON, FL 33496

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/93

5. FEI Number

65-0406433

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
D, P	DORIS SOLOMON	17160 GRAND BAY DRIVE	BOCA RATON, FL 17160
D, VP	KAREN WEISS	10 ORCHARD DRIVE	WOODBURY, NY 11797
D, S	STEPHEN P. LONG	110 EAST 59TH STREET, #2900	NEW YORK, NY 10022
T	ROBERT SOLOMON	17160 GRAND BAY DRIVE	BOCA RATON, FL 17160

REINSTATEMENT **97-98**  
**98-99**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORIS SOLOMON  
17160 GRAND BAY DRIVE  
BOCA RATON, FL 17160

Name

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

600002512466--4

Suite, Apt. #, Etc.

05/06/98-01011-013

City

\*\*\*900.00 \*\*\*900.00

State

Zip Code

FL

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

*Doris Solomon*

REGISTERED AGENT MUST SIGN

Date

4/20/98

11. This corporation owes or has paid 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 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/98

Daytime Phone #

212-207-8686

CR20040 (1/96)