

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2375-28

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State,  
DIVISION OF CORPORATIONS

FILED

96 DEC 17 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002984

1 Corporation Name M.K. ROLLAND, INC.  
1557 NE 167 ST  
N.M.B. FL 33162.

W96-25859

Principal Place of Business

1557 NE 167th STREET  
N. MIAMI BEACH FL 33162  
M.K. ROLLAND INC

Mailing Address

SAME

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1-6-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0462266

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ALBERT ADAN	991 SW 101 TERRACE	PEMBROKE PINES, FL 33025

400002033584-6  
-12/19/96-01035-004  
\*\*\*\*601.25 \*\*\*\*601.25

JBH-1796

B. Name and Address of Current Registered Agent

ALBERT ADAN  
991 SW 101 TERRACE  
PEMBROKE PINES, FL 33025

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

ALBERT ADAN

REGISTERED AGENT MUST SIGN

Date 12-16-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(j)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(j)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

ALBERT ADAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-96 (305) 919-8980

Date

Daytime Phone #

CR2E040 (1/95)