

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 27 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **994000002984**

1. Corporation Name

M.K. ROLLAND INC

2. Principal Office Address

1559 NE. 167 ST

Suite, Apt. #, etc.

NORTH MIAMI BEACH

City & State

FL MIAMI

Zip

33162

Country

FL

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

REINSTATEMENT

0001

**4. Date Incorporated or Qualified
To Do Business in Florida**

1991

5. FEI Number

65-0741331

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

ALBERT ADAN.

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

991 SW 101 TR.

Suite, Apt. #, Etc.

PEMBROKE PINES FL

City

State

FL

Zip Code

33024

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

Albert Adan

Date **5-16-01**

REGISTERED AGENT MUST SIGN

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.	ALBERT ADAN.	991 SW 101 TR.	PEMBROKE PINES FL 33024
V.P.	SALVATORE D. ANNESE	632 NE. 151ST	N. MIAMI BEACH FL 33162

10. 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:

Albert Adan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-01 305-469-3094

Date

Daytime Phone #

CR2E081 (9/00)