

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 17 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030461

1. Corporation Name

RODRIGUEZ FAMILY CORPORATION  
1430 CONSOLATA AVE  
CORAL GABLES, FL. 33146

2. Principal Office Address

1430 CONSOLATA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33146

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/19/94

5. FEI Number

65-0486099

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

RODRIGUEZ, MARIA

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

1430 CONSOLATA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State  
FL

Zip Code  
33146

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

*Maria L. Rodriguez*  
REGISTERED AGENT MUST SIGN

Date

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
PD	MARIA L. RODRIGUEZ	1430 CONSOLATA AVE	CORAL GABLES, FL 33146
SD	MIGUEL B RODRIGUEZ	1430 CONSOLATA AVE	CORAL GABLES, FL 33146
TD	DOLORES M. RODRIGUEZ	4301 ANDERSON RD	CORAL GABLES, FL 33146

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:

*Maria L. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/3  
Date

205-6617022  
Daytime Phone #

CP2E081 (10/02)