

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 14 PM 3:37

STATE
RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # **994000046289**

1. Corporation Name

RED HOT ROSES, INC

2. Principal Office Address

8395 SW 96th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

U S

3. Mailing Office Address

8395 SW 96th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/1994

5. FEI Number

650504486

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 103-06

7. Name and Address of Current Registered Agent

Name

Raul Marrero

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

8395 SW 96th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

Date

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	Raul Marrero	8395 SW 96th Street	Miami, FL 33156
D	Evelyn Marrero	8395 SW 96th Street	Miami, FL 33156

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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 contained in Chapter 119, 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

Date

Daytime Phone #

6-8-06 786-263 0031