

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> 99 FEB - 8 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # <u>P450000035664</u>					
1. Corporation Name <u>ROVAL AND ASSOCIATES, INC.</u>					
Principal Place of Business <u>400 S.W. 107th AVENUE</u> <u>SUITE 307</u> <u>MIAMI, FL 33174</u>			Mailing Address (Same as above)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <u>1/13/95</u>	
5. FEI Number <u>65-0559551</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)					
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
	PRES CEO	VALTER GOZZELLINO	13157 SW 15 LANE		MIAMI, FL 33184
	SALES MGR	MARIO ARANGO	10721 SW 107th CT.		MIAMI, FL 33186
		ENRICO METZLER	(NO LONGER ASSOCIATED WITH CORP.)		
8. Name and Address of Current Registered Agent <u>JOAQUIN A. ALEMANY</u> <u>901 PONCE DE LEON BLVD</u> <u>SUITE 500</u> <u>CORAL GABLES, FL 33134</u>			9. Name and Address of New Registered Agent Name <u>MARIO R. ARANGO</u> Street Address (P.O. Box Number is Not Acceptable) <u>7987 SW 105th PL.</u> Suite, Apt. #, Etc. City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33173</u>		
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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN			Date <u>4 Feb 99</u>		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>[Signature]</u> <u>VALTER GOZZELLINO</u> 2/4/99 305/228-0300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (12/98)