

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -1 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO15000025613**

1. Corporation Name

ROQUE'S AUTO CENTER, INC.

7000003263147--8

05/23/00--01039--018

*****1208.75 ***1208.75**

2. Principal Office Address

23740 SW 132 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

23740 SW 132 AVE

Suite, Apt. #, etc.

City & State

PRINCETON, FL

Zip
33032

Country

USA

City & State

PRINCETON, FL

Zip

33032

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 30, 1995

5. FEI Number

65-0570467

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

KAREN RODRIGUEZ

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

23740 SW 132nd Ave

Suite, Apt. #, Etc.

City

Princeton

State
FL

Zip Code

33032

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

Karen Rodriguez
REGISTERED AGENT MUST SIGN

Date **April 27, 2000**

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
PTSD	KAREN RODRIGUEZ	23740 SW 132 AVE	Princeton FL
V.	ESTIRDO ROQUE	23740 SW 132 AVE	33032
			LS

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:

Karen Rodriguez

April 27, 2000

Date

305-258-2090

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN RODRIGUEZ