PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 18 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062169

1. Corporation Name
ROAU ENTERPRISES, INC.

Principal Place of Business
1909 N. BAY ROAD #716
N. MIAMI BEACH, FL. 33160

Mailing Address

If above addresses are incorrect in any way, fill through incorrect information and enter correction below.

REINSTATEMENT 96
DO NOT WRITE IN THIS SPACE

2. New Principal Place of Business, If Applicable
1909 N. BAY RD. #716
Suite, Apt. # etc.
City & State
N. MIAMI BCH. FL
Zip 33160 County

3. New Mailing Address, If Applicable
Suite, Apt. # etc.
City & State
Zip County

4. Date Incorporated or Qualified To Do Business In Florida 8/11/95

5. FEI Number 65-0601388 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	ROCHELL GREEN	1909 N BAY RD. #716	N. MIAMI BCH. FL 33160
	[redacted]		

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****375.00 ****375.00

JBH-19-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
ROCHELL GREEN
Street Address (P.O. Box Number Is Not Acceptable)
1909 N. BAY RD.
Suite, Apt. etc.
#716
City N. MIAMI BCH State FL Zip 33160

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 Rochell Green Date 11/15/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. and that all fees owed by the corporation have been paid. 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: Rochell Green 11/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR Date Daytime Phone #