

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

96 NOV -8 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000075382**

1. Corporation Name

ROTORABLE INTERNATIONAL INC.

Principal Place of Business

850 MES DAIRY ROAD
SUITE 60117A
NORTH MIAMI BEACH FL 33179

Mailing Address

850 MES DAIRY ROAD
SUITE 60117A
NORTH MIAMI BEACH FL 33179

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

09/28/1995

5. FEI Number

☒ 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
P	VARGAS, YVETTE	850 MES DAIRY ROAD, SUITE 60117	NORTH MIAMI BEACH FL 33179
V	VARGAS, RANDY	850 MES DAIRY ROAD, SUITE 60117	NORTH MIAMI BEACH FL 33179

300002004083--6
-11/14/96--01021--004
****375.00 ****375.00

8. Name and Address of Current Registered Agent

VARGAS, RANDY W
850 MES DAIRY ROAD
SUITE 60117A
NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name **Randy Vargas**
Street Address (P.O. Box Number is Not Acceptable)
770 NE 195 #219
Suite, Apt. #, Etc.
219
City **North Miami Beach** State **FL** Zip **33179**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

9/30/96

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/96 305-653926
Date Daytime Phone #