

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 29 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000088502

1. Corporation Name

Romperoca, Inc.

2. Principal Office Address

18782 NW 89 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33018

Country

USA

3. Mailing Office Address

18782 NW 89 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33018

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/17/1995

5. FEI Number

650645197

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

Frank Vidal Jr

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

18782 NW 89 AVE

Suite, Apt. #, Etc.

3000003768883

-02/26/01--01152--015

***900.00 ***900.00

City

MIAMI

State

FL

Zip Code

33018

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

REGISTERED AGENT MUST SIGN

Date

1/22/2001

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
D	FRANK VIDAL JR	18782 NW 89 AVE	MIAMI, FL 33018
V	AURORA VIDAL	18782 NW 89 AVE	MIAMI, FL 33018
			KE

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:

FRANK VIDAL JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2001

Date

(605) 827-2784

Daytime Phone #

CR2E081 (9/00)