

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089961

1. Corporation Name

2284 Victory Ave.
RoDeKi Corp.

2. Principal Office Address
2284 Victory Ave.

3. Mailing Office Address
RoDeKi Corp.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Largo, FL

City & State
Largo, FL

Zip
33770

Country
Pinellas

Zip
33770

Country
Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida 11/27/1195

5. FEI Number
65-0625125

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
Robert L. Delasahaw II

Street Address (P.O. Box Number is Not Acceptable)
2284 Victory Ave.

Suite, Apt. #, Etc.

City
Largo

State
FL

Zip Code
33770

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

Robert L. Delashaw II Tres
REGISTERED AGENT MUST SIGN

Date 5/13/04

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
VP	Denyce Delashaw-Purdon	2701 Bayshore Dr.	Belleair Bch., FL 33786-3513
Tres	Robert L. Delashaw II	2284 Victory Ave.	Largo, FL 33770
Sec	Kim L. Delashaw	830 13th Court SW	Largo, FL 33770-4472

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:

ROBERT L. DELASHAW II TRES.

Robert L. Delashaw II Tres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/04
Date

(727) 430-2920
Daytime Phone #

CR2E081 (01/04)

RoDeKi Corp.
2284 Victory Ave.
Largo, FL 33770
Robert L. Delashaw II (Agent)
(727) 430-2920

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement and waiving of penalties.

To Whom It May Concern,

I Have been informed that my 2001 annual report was never singed and that your office returned this form to me. As I never received this correspondence I am asking that you waive the penalties and reinstate my corporation. At the time of filing I paid \$500.00 which you have. Enclosed please find a check for \$458.75 to pay for reinstatement of \$450.00 and Cert. Of Status of \$8.75. Enclosed also is my corp. reinstatement form.

Thank You

R.L. Delashaw II Tres. 5/19/04
Robert L. Delasahw II Tres. (Agent)