

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000001190

1. Corporation Name

ROCKLAND HOUSING DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

601 BRICKELL KEY DRIVE
SUITE 805
MIAMI, FL. 33131

601 BRICKELL KEY DRIVE
SUITE 805
Miami, FL. 33131

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO BOX 971606
Miami, FL 33197-1600 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0641045

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
D-pres	ESPERANZA RODRIGUEZ	601 BRICKELL KEY DRIVE #805	MIAMI, FL. 33131
D-VP-T	ESPERANZA RODRIGUEZ XXXXXXXXXXXXXXXXXXXX	601 BRICKELL KEY DR., #805	MIAMI, FL. 33131
D-VP-S	ESPERANZA RODRIGUEZ XXXXXXXXXXXXXXXXXXXX	601 BRICKELL KEY DR., #805	MIAMI, FL. 33131

8. Name and Address of Current Registered Agent

LEONCIO E. DE LA PENA
601 BRICKELL KEY DR. #805
MIAMI, FL. 33131

9. Name and Address of New Registered Agent

Name
ESPERANZA RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DRIVE, SUITE 805
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33131

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

Esperanza Rodriguez
REGISTERED AGENT MUST SIGN

Date

6/1/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Esperanza Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/99

305-670-4411

99 JUN -2 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 98-99

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