

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**

98 MAY -8 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015569

1. Corporation Name  
**Laboratorios Roldan (U.S.A.), Inc.**

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable  
**14250 S.W. 94th Circle Lane**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
**March 11, 1996**

**103**  
City & State  
**Miami, Florida**  
Zip **33186** Country **U.S.A.**

City & State  
Zip Country

5. FEI Number  
**65-0791877**  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Jose Rene Roldan		
V/D	Jaime Roldan		
S/D	Hector Valverde	14250 S.W. 94th Circle Lane Miami, Florida 33186	
			700002521057--9 -05/12/98--01104--014 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

**Gabriel Buigas**  
Greenberg, Traurig, Hoffman, Lipoff, Rosen & Quentel, P.A.  
1221 Brickell Avenue, Suite 2100  
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name  
**American Information Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**One S.E. Third Avenue, 28th Floor**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33131-1714**

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 *Maria R. Mayster* **MARIA R. MAYSTER, VP** Date **4-30-98**  
REGISTERED AGENT MUST SIGN

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: *Hector Valverde* **Hector Valverde** **4/29/98** (305) **386-0416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)