

APPLICATION
FOR
REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P96000015569**

LABORATORIOS ROLDAN (U.S.A.), INC.

Mailing Address

14250 S.W. 84TH CIRCLE LANE
#103
MIAMI FL 33186

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/19/1996

5. FEI Number

65-0791877

Applied For	
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Not Applicable

8. **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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROLDAN, JOSE R	14250 S.W. 94TH CIRCLE LANE	MIAMI FL 33186
VD	ROLDAN, JAIME	14250 S.W. 94TH CIRCLE LANE	MIAMI FL 33186
SD	VALVERDE, HECTOR	14250 S.W. 94TH CIRCLE LANE	MIAMI FL 33186
			100003032591--3 -11/02/99--01074--008 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name _____

HECTOR VALVERDE

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

14250 S.W. 94 CIRCLE LANE

Suite, Apt. #, Etc.

City

Miami

State	
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FL

Zip Code

Zip Code
33186

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

Date 10/20/90

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #