

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 10:13

DOCUMENT # **P96000018465**

1. Corporation Name **ROCA GEMS, INC.**

REINSTATEMENT

9900

2. Principal Office Address

169 EAST FLAGLER ST.

Suite, Apt. #, etc.

SUITE 911

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

169 EAST FLAGLER ST.

Suite, Apt. #, etc.

SUITE 911

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 28, 1996

5. FEI Number

65-0687158

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

JOAQUIN ROCA

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

169 EAST FLAGLER STREET

Suite, Apt. #, Etc.

SUITE 911

City

MIAMI

100003427931-4

-10/18/00-01002-001

******900.00-****900.00**

State

FL

Zip Code

33131

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 **SEPT. 29, 2000**

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
P/D	JOSE M. ROCA	7335 SW. 96 ST	MIAMI, FL 33131
D	JOSE ROCA M	7335 SW. 96 ST	MIAMI, FL 33131
D	JOAQUIN ROCA	7335 SW. 96 ST	MIAMI, FL 33131

AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAQUIN ROCA

SEPT. 29, 2000

Date

Daytime Phone #

(305) 379-0001