

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

12 DEC 18 PM 7:37

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

996000035934
RODESA, INC
POST OFFICE Box 14 - 0894
CORAL GABLES, FL 33114-0894

REINSTATEMENT, 2012

2. Principal Office Address - No P.O. Box #

2855 SW 39th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 14 - 0894

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

Zip

33114-0894

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/96

5. FEI Number

65-0662057

☐ 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

FOY H. HAMMONS

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

14105 SW 82nd AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33158

400242403984
12/04/12--01006--013 **750.00

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

[Signature]

Date

12/13/12

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>TERESA DE MEILLAC</u>	<u>2855 SW 39th AVE</u>	<u>CORAL GABLES, FL 33134</u>

10. E-mail Address: rodesa,inc@aol.com

(To be used for future annual report notification)

DEC 18 2012

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/12

Date

(305) 921-4011

Daytime Phone #