

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 # P96000046235

1. Corporation Name

ROPAS USADAS (INTERNATIONAL), INC.

Principal Place of Business

Mailing Address

~~C/O 815 ORIENTA AVE.~~
~~ALTAMONTE SPRINGS FL 32701~~

C/O 815 ORIENTA AVE.
ALTAMONTE SPRINGS FL 32701

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

2. New Principal Office Address, If Applicable

7580A EXCHANGE DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same as 2.

Suite, Apt. #, etc.

City & State

ORLANDO FLA

City & State

Zip

32809

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1996

5. FEI Number

59-3385905

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	MAWJI, IMTIAZ	C/O 815 ORIENTA AVE.	ALTAMONTE SPRINGS FL 32701

8. Name and Address of Current Registered Agent

PATEL, PRABODH C

815 ORIENTA AVE.

ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

IMTIAZ MAWJI

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

7580A EXCHANGE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

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

Imtiaz Mawji

REGISTERED AGENT MUST SIGN

Date October 30th 1997

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IMTIAZ MAWJI

October 30th, 1997

Date

Daytime Phone #

(407) 851-5060

FILED

97 NOV -4 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (8/97)