

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 15 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96-68528

1. Corporation Name

Rhodamorada, Inc.

REINSTATEMENT 04-07

300115096519
01/15/08--01008--010 **1208.75

CR2E081 (1/07)

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

75700 Oversea Hwy

3. Mailing Office Address

P.O. Box 298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Islamorada

City & State

Florida

Zip

33036

Country

USA

Zip

33036

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/1996

5. FEI Number

65-0723842

☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gus H. Crowell, Esq

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

171 Hood Ave

Suite, Apt. #, Etc.

Suite 12

City

Tavernier

State

FL

Zip Code

33070

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 1/10/08

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
D	Robert I. Maksymec	75700 Overseas Hwy	Islamorada, FL 33036

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 contained in Chapter 119, 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

ROBERT I. MAKSYMEC

JAN 8/08

Date

416-624-7753

Daytime Phone #

nc 1/18