PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 97 98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 14 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073245.

1. Corporation Name

ROZINA CORPORATION

Principal Place of Business | Mailing Address

Each item that does not match the information on file, draw a line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
1550 NE 165th Street	~~1550 NE 165th Street~~
City & State: No.Miami Beach FL	City & State: No. Miami Beach FL
Zip: 33162 Country: Dade	Zip: 33162 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0692878 — 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)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
PS	Abdul Merchant	1550 NE 165th Street	No.Miami Beach,FL 33162

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****925.00 ****925.00

REINSTATEMENT 97-98

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Abdul Merchant
Street Address (P.O. Box Number is Not Acceptable): 1550 NE 165th Street
Suite, Apt. #, Etc
City: No. Miami Beach State: FL Zip Code: 33162

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: [signature] REGISTERED AGENT MUST SIGN Date: 4/20/98

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] ABDUL MERCHANT 4/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/98)