PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION [redacted]

FLORIDA DEPARTMENT OF STATE
[illegible]
Secretary of State
DIVISION OF CORPORATIONS

90AR

APPROVED
AND
FILED

1997 NOV 14 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000084525

1. Corporation Name

ROLI AMERICAN COMPANY, INC.

Principal Place of Business	Mailing Address
2401 COLLINS AVENUE SUITE 805 MIAMI BEACH FL 33140	2401 COLLINS AVENUE SUITE 805 MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/14/1996

5. FEI Number: ☑ 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
DP	SEBOUHDANIAN, ROBERTO	TEODORO GARCIA 1975 20 B	BUENOS AIRES (1426) ARGENTINCO
SD	SEBOUHDANIAN, LIDIA	TEODORO GARCIA 1975 20 B, BUENOS	(1426) ARGENTINA
TD	ALEJANDRA SEBOUHDANI, CLAUDIA	TEODORO GARCIA 1975 20 B, BUENOS	(1426) ARGENTINA
D	SEBOUHDANIAN, MARIA ROSA	TEODORO GARCIA 1975 20 B, BUENOS	(1426) ARGENTINA
D	SEBOUHDANIAN, SANDRA V	TEODORO GARCIA 1975 20 B, BUENOS	(1426) ARGENTINA

000002350950--8
-11718/97--01085--005
****165.00 ****165.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEONARD F. BRITO, P.A. 8005 N.W. 155TH STREET SUITE B MIAMI FL 33016	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/97)

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] Date

REGISTERED AGENT MUST SIGN

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #