PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | APPH SEL | | |
|--|--|----------------------------|---|--|--|-------------------|--|
| | RPORATION STATEMENT | Kathe Secret | ARTMENT OF STATE orine Harris tary of State f corporations | | 02 FEB 26 AM 9: 25 | | |
| DOCUMENT # P96000085885 1. Corporation Name | | | | SECRETARY OF STATE FALLAHASSEE, FLORIDA | | | |
| Roper's of South Florida, Inc. | | | | | | | |
| 2. Principa | I Office Address | 3. Mailing Office Address | | 1 3' | 000005109133- | 5 | |
| 9605 NW 74 Ct | | 9605 NW 74 Ct | | 26 | -03/15/02010040 ****923.75 *****92 | 118 23 75 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4/1 | ************************************** | | |
| | | | | | porated or Qualified | | |
| City & State | | City & State | ······································ | <u> </u> | To Do Business in Florida 10-17-1996 | | |
| Tam | arac Florida | Tamarac, Florida 1 | | | | l For plicable | |
| Zip | Country | Zip | Country | A CO | | | |
| 3333 | 91 US | 33321 | l US | CERTIFICATE | OF STATUS DESIRED S8.75 Additional Fee | | |
| 7. Name and Address of Current Registered Agent | | | | | | | |
| Name | | | | | | | |
| | Vincent Ardente Jr. | | | | | | |
| İ | Street Address (P.O. Box Number is Not Acceptable) | | | | Ĭ | | |
| | Suite, Apt. #, Etc. | | | | | | |
| | | | | | | | |
| | Tamarac | | | | State Zip Code | | |
| 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. | | | | | | | |
| 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 2/20/03 | | | | | | | |
| Registered Agent | | | | | Date 2/20/03 | GR2E | |
| REGISTERED AGENTATUS SIGN | | | | | | | |
| 9. Names | and Street Addresses of Each Officer and | d/or Difector (Florida nor | nprofit corporations must list at le | ast 3 directors) | | | |
| Titles | Name of Officers and /or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | <u> </u> | |
| PD | Vincent Arder | teJr. 960 | 05 NW 74ct | - | Tamarac, FL 35 | 3 3 > | |
| ND | | Santis 96 | _ | ct | Tamarac Fi 33 | 33 | |
| <u>Т</u> Л | _ | | | 1 | ´ | ,,, | |
| 10 | Josephine Hr | aente moi | 05 NW 74 C | <u></u> | Jamarac, 7 33 | 29 I | |
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| i | | | | | | f | |
| 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 filling 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: 2-20-02 (954) 720-0497 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Daytime Phone # | | | | | | | |

Roper's of South Florida, Inc.



9605 NW 74ct ♦ Tamarac, Florida 33321 Home Phone 954-720-0697 ♦ Email SLyn89@aol.com

February 21, 2002

Department of State Division of Corporation (Reinstatements) PO Box 6327 Tallahassee, FL 32314

To Whom it May Concern,

After speaking with Markita, from your office, on 3/21/2002, I have enclosed the corporation reinstatement application for Roper's of South Florida, Inc. Along with the reinstatement fee of \$915.00 and an additional \$8.75 for a Certificate of Status. Please mail the certificate to the following address:

Vincent Ardente Jr.
9605 NW 74 CT
Tamarac, FL 33321
(954) 720-0697 (Please feel free to call with any concerns.)

Sincerely,

Vincent Ardente Ir