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FILED  
00 JUN -2 AM 11: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Corporation Name**  
ROLLON CORPORATION

Suite, Apt. #, etc.

Suite 100

City & State  
Miami, FL

Zip	Country
33126-2065	Miami-Dade

Suite, Apt. #, etc.

Suite 100

City & State  
Miami, FL

Zip	Country
33126-2065	Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 11/27/96

5. FBI Number  
65-0713880

Applied For
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name Thomas J. Skola, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
5201 Blue Lagoon Drive

Suite, Apt. #, Etc.  
Suite 100

City Miami

200003310832--3

171211Z JAN 68

\*\*\*1485.00 \*\*\*450.00

State <b>FL</b>	Zip Code 33126-2065
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**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 May 16, 2000

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
P/T	Nicholas G. Mavris	c/o Thomas J. Skola, Esq. 5201 Blue Lagoon Dr., Ste. 100	Miami, FL 33126-2065
S	Thomas J. Skola, Esq.	5201 Blue Lagoon Dr., Ste. 100	Miami, FL 33126-2065

**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 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: Thomas J. Skola Thomas J. Skola, Esq., Secretary 5/16/00 305-260-1014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)