

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000023845

1. Corporation Name

ROCHA NASCIMENTO & COMPANY, INC.

Principal Place of Business

Mailing Address

6410 METROWEST BLVD #1107  
ORLANDO FL 32835

6410 METROWEST BLVD #1107  
ORLANDO FL 32835

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

2. New Principal Office Address, If Applicable

7135 YACHT BASIN AVE

Suite, Apt. #/etc.

SUITE 210

City & State

ORLANDO, FL

Zip

32835

Country

USA

3. New Mailing Office Address, If Applicable

7135 YACHT BASIN AVE

Suite, Apt. #/etc.

SUITE 210

City & State

ORLANDO, FL

Zip

32835

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/1997

5. FEI Number

59-3440474

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 Title(s)	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
PD	DO NASCIMENTO, IRINEO	6410 METROWEST BLVD #1107 7135 YACHT BASIN AVE #210	ORLANDO FL 32835
VD	DO NASCIMENTO, AURORA ROCHA	6410 METROWEST BLVD #1107 7135 YACHT BASIN AVE #210	ORLANDO FL 32835
TD	DO NASCIMENTO, ARMANDO TADEU	6410 METROWEST BLVD #1107 7135 YACHT BASIN AVE #210	ORLANDO FL 32835
SD	DO NASCIMENTO, GLAUCIA ELIETE T	6410 METROWEST BLVD #1107 7135 YACHT BASIN AVE #210	ORLANDO FL 32835

8. Name and Address of Current Registered Agent

BRUMER, BARRY N  
5728 MAJOR BLVD  
SUITE 211  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name IRINEO DO NASCIMENTO

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

7135 YACHT BASIN AVE

Suite, Apt. #, Etc.

SUITE 210

City

ORLANDO

State

FL

Zip Code

32835

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-16-98

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-98

Daytime Phone #

APPROVAL  
AND  
FILED

98 NOV 30 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

CR2E040 (9/98)