

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN -6 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000023845

1. Corporation Name

ROCHA NASCIMENTO & COMPANY, INC.

2. Principal Office Address

7685 Conroy Windermere Rd

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32835

Country

USA

3. Mailing Office Address

7685 Conroy Windermere Rd.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32835

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-11-97

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. Name and Address of Current Registered Agent

Name

Irineo Do Nascimento

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

7685 Conroy Windermere Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

Irineo Do Nascimento

REGISTERED AGENT MUST SIGN

Date 06-03-03

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
Pres	Irineo Do Nascimento	7685 Conroy Windermere Rd	Orlando, Florida 32835
Sec	Aurora Rocha Do Nascimento	7685 Conroy Windermere Rd.	Orlando, Florida 32835
V.Pres	Armando Tadeu Do Nascimento	7685 Conroy Windermere Rd.	Orlando, Florida 32835
Trea	Glauca Eliete Teixeira Do Nascimento	7685 Conroy Windermere Rd.	Orlando, Florida 32835

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:

Irineo Do Nascimento

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-03-03

Date

Daytime Phone #

g ck