

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 24 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #P97000051112

1. Corporation Name

ROGA DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

3821 NW 135 St.

3. New Mailing Office Address, If Applicable

P.O. Box 310464

Suite, Apt. #, etc.

Bay C-D-I

Suite, Apt. #, etc.

City & State

Opa-Locka, Fl.

City & State

Miami, Fl.

Zip

33054

Country

USA

Zip

33231

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0760816

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S	Nelson J. Dominguez	413 SW 7 St. Apt. 4	Miami, Fl. 33130

900003351129-7
-08/09/00-01079-014
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Nelson J. Dominguez

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

413 SW 7 St.

Suite, Apt. #, Etc.

Apt. 4

City

Miami

State

FL

Zip Code

33130

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

Date 7/20/00

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal/Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/00 (305) 688-5500

CR2E081 (12/98)