

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 24 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100008552121  
10/23/02--01091--018 \*\*150.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000051112

1. Corporation Name

ROGA DISTRIBUTORS, INC.

2. Principal Office Address

15992 SW 78 St

Suite, Apt. #, etc.

3. Mailing Office Address

15992 SW 78 St

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33193

Country

USA

Zip

33193

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1997

5. FEI Number

650760816

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

Nelson J. Dominguez

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

15992 SW 78 St

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date 10/17/02

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/O	Nelson J. Dominguez	15992 SW 78 St Miami, FL 33193	Miami, FL 33193

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/02

Date

(305) 5105956

Daytime Phone #

CR2ED81 (8/01)

10/25/02

**ROGA DISTRIBUTORS, Inc.**

15992 SW 78 St  
Miami, Florida 33193

Phone ( 305 ) 510-5956  
Fax ( 305 ) 383-5943  
Email domul@prodigy.net

October 18, 2002


Division of Corporations  
Re: Reinstatement request.

Dear Sir,

I would like to request to be consider the reinstatement of Roga Distributors, Inc. due to the fact that the summited Uniform Business Report was not received.

Thank you in advance for your cooperation.

Sincerely,



Nelson J. Dominguez  
President