

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 23 PM 12:52

DOCUMENT # P97000066988

1. Corporation Name

DARREN J. ROUSSO P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

95 MERRICK WAY

Suite, Apt. #, etc.

440

City & State

CORAL GABLES, FL.

Zip

33134

Country

MIAMI DADE

3. Mailing Office Address

95 MERRICK WAY

Suite, Apt. #, etc.

440

City & State

CORAL GABLES, FL.

Zip

33134

Country

MIAMI DADE

700021083257
06/23/03--01030--018 \$100.00
REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/97

5. FEI Number

65-0769492

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

DARREN J. ROUSSO

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

95 Merrick Way

Suite, Apt. #, Etc.

Suite 440

City

Coral Gables

State

FL

Zip Code

33134

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

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
PVS	DARREN J. ROUSSO	95 MERRICK WAY # 440	CORAL GABLES, FL. 33134

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

Date

Daytime Phone #

216/23