PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

S. CHATHAM
JUL 31 2023

800413052208
07/31/23--01001--008 **4050.00

CR2E051 (11/10)

DOCUMENT # P97000091270

1. Corporation Name
Rockford Investments, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7101 SW 99 Ave	7101 SW 99 Ave
Suite, Apt. #, etc. #106	Suite, Apt. #, etc. #106
City & State Miami, FL. 33173	City & State Miami FL
Zip 33173 Country US	Zip 33173 Country US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: Juan F. Puig

Street Address (P.O. Box Number is Not Acceptable): 7101 SW 99 Ave

Suite, Apt. #, Etc.: #106

City: Miami State: FL Zip Code: 33173

FILED
2023 JUL 28 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 7/25/2023
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
PD	Calas, Dolores	4590 SW 87 Ave	Miami FL 33155
STD	Fernandez, Juan	7101 SW 99 Ave	Miami, FL 33155
		Reinstatement Dec. 2023	

10. E-mail Address: jfernandez@vitavim.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 7/25/2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #