

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 14 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000097461

1. Corporation Name
RODMAR PROPERTIES, INC.

2. Principal Office Address
PO BOX 3238

Suite, Apt. #, etc.

City & State
SPRING HILL, FL

Zip
34611

Country
USA

3. Mailing Office Address
PO BOX 3238

Suite, Apt. #, etc.

City & State
SPRING HILL, FL

Zip
34611

Country
USA

600004488366--2
-07/20/01--01102--015
***1050.00 ***1050.00

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**
11/13/1997

5. FEI Number
59-3490072
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
AIDA RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
13642 COOPER ROAD

Suite, Apt. #, Etc.

City
BROOKSVILLE

State
FL

Zip Code
34609

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** *Aida Rodriguez*
REGISTERED AGENT MUST SIGN

Date 6/11/01

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	AIDA RODRIGUEZ	13642 COOPER ROAD	BROOKSVILLE FL 34609
V.P.	MYRIAM MARSHALL	1079 FLORIAN WAY	SPRING HILL, FL 34609

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: *Aida Rodriguez* AIDA RODRIGUEZ 6/11/01 352-597-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**