

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 15 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008245

1. Corporation Name

RoxyRod, Inc.

2. Principal Office Address

2451 Brickell Avenue

Suite, Apt. #, etc.

4B

City & State

Miami, FL

Zip

33129

Country

USA

3. Mailing Office Address

2451 Brickell Avenue

Suite, Apt. #, etc.

4B

City & State

Miami, FL

Zip

33129

Country

USA

100005328291--8

-04/24/02--01014--003

*****8.75 *****8.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 26, 1998

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

Louis R. Montello

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

777 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1070

City

Miami

State
FL

Zip Code
33131

100005328291--8

-04/24/02--01014--002

****600.00 ****600.00

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

[Signature]

Date **March 7, 2002**

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
D, P	Erika M. Baquerizo	2451 Brickell Avenue Apt. 4B	Miami, FL 33129
V, T	Luis A. Martinez	2451 Brickell Avenue Apt. 4B	Miami, FL 33129
S	Luisa M. Martinez	2451 Brickell Avenue Apt. 4B	Miami, FL 33129

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:

Erika M. Baquerizo

Erika M. Baquerizo

3/7/02

(305) 856-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Miami, Florida

April 5, 2002

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, Fl. 32314

ATT: Marquitta Williams, Document Specialist

RE: Reinstatement of RoxyRod, Inc. – Document No. P98000008245
(the "Company")

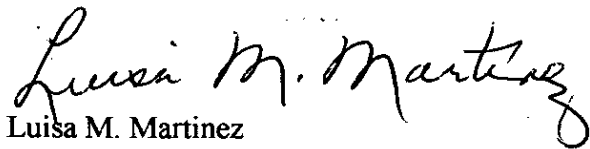
Dear Sir or Madam:

We acknowledge receipt of your letter of March 21, 2002 number 002A00016947 informing us that we should send you a new check in the amount of \$600.00 and another one for \$8.75 to cover the reinstatement of the Company and to receive a copy of a certificate of Status, and returning the previous check we had sent to you in the amount of \$1200.00.

Enclosed please find a Corporation Reinstatement Form for the Company along with a check in the amount of \$600.00 and another check for the amount of \$8.75 for an additional certificate of status, as per your request.

We would like to thank your for your attention to this letter and also to request an acknowledgment from you.

Sincerely yours,



Luisa M. Martinez
Secretary

Enclosures (3); checks (2) + one Reinstatement application