

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

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

FILED
May 23, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P98000010924

1. Corporation Name

ROC ENTERPRISES CORPORATION

2. Principal Office Address

1 W Flagler St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33136

Country

3. Mailing Office Address

1 W Flagler St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33136

Country

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/98

5. FEI Number

65-0813014

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

Martti Kalkas

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

245 SE 1st Street

Suite, Apt. #, Etc.

Suite 311

City

Miami

State
FLZip Code
33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Date 5/22/02

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	Eric Kleisler	6687 SW 104 Ave	Miami, FL 33173

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.

H02000142763

SIGNATURE:

5/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : KALKAS BUSINESS SERVICES
Account Number : I19980000015
Phone : (305) 577-9716
Fax Number : (305) 577-9718

CORPORATION REINSTATEMENT

ROC ENTERPRISES CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00