

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -4 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000038928**

1. Corporation Name
R.O. PROTECTION SERVICES INC.

Principal Place of Business

Mailing Address

18051 S.W. 153ct. SAME AS ABOVE.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

99.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

RODRIGO ORTEGA
Suite, Apt. #, etc.
18051 S.W. 153ct.

18051 S.W. 153ct
Suite, Apt. #, etc.
1

5. FEI Number

Applied For

City & State
MIAMI FL.

City & State
MIAMI

65-0860169.

Not Applicable

Zip **33187.** Country **DADE.**

Zip **33187.** Country **DADE.**

6. CERTIFICATE OF STATUS DESIRED ☒ **\$38.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	RODRIGO ORTEGA.	18051 S.W. 153ct.	MIAMI FL. 33187
SEC.	RODRIGO O. ORTEGA JR.	18051 S.W. 153ct.	MIAMI FL. 33187
T.	JUNNIETH ORTEGA.	18051 S.W. 153ct.	MIAMI FL. 33187
			000003138090--0 -02/16/00--01096--012 *****900.00 *****900.00 000003138090--0 -02/16/00--01096--013 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGO ORTEGA.
18051 S.W. 153ct.
MIAMI FL. 33187.

Name **RODRIGO ORTEGA.**
Street Address (P.O. Box Number is Not Acceptable)
18051 S.W. 153ct.
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33187.**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 #

02-05-2000

CR2E081 (12/98)