

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
ROCAS BOCA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	<del>\$200.00</del>

300.<sup>00</sup>


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>  10 FEB 23 AM 8:39
<b>DOCUMENT #</b> <u>P98000045327</u>			
1. Corporation Name  <u>Rocas Boca, Inc.</u>			
2. Principal Office Address - No P.O. Box # <u>5879 NW 36 ST</u> Suite, Apt. #, etc.		3. Mailing Office Address  State, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State _____	
Zip <u>33166</u>	Country <u>US</u>	Zip _____	Country _____
4. Date Incorporated or Qualified To Do Business in Florida <u>05/20/98</u>			5. FEI Number <u>65-0836646</u>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent Name <u>Rodrigo Gonzalez</u> Street Address (P.O. Box Number is Not Acceptable) <u>252 Linwood Dr</u> Suite, Apt. #, Etc. _____ City <u>Miami</u> State <u>FL</u> Zip Code <u>33166</u>			
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 <u>[Signature]</u> Date <u>2/19/2010</u> 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	Carlos Loya	589 Sath Drive	Miami Springs FL 33166
D	Rodrigo Gonzalez	252 Linwood Dr	Miami Springs FL 33166
10. E-mail Address: _____ (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., 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.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			

**REINSTATEMENT 09-10**

KS