

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 MAR -1 AM 8:38

DOCUMENT # P98000054081

1. Corporation Name

ROACH BUSTEN OF AMERICA INC

2. Principal Office Address

13800 S.W. 8 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 218

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33184

Country

US

Zip

33184

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE, 15/1998

5. FEI Number

65-0853208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA LOPEZ

700005080917-0

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

13800 S.W. 8 ST. SUITE 218

03/11/02-01061-025

****150.00 ****150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

Maria Lopez

REGISTERED AGENT MUST SIGN

Date 12-4-2001

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
P	MARIA LOPEZ	13800 S.W. 8 ST SUITE 218	MIAMI, FL 33184

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:

Maria Lopez MARIA LOPEZ

12-4-2001

Date

Daytime Phone #

1-800-761-2840

page 2 of 2

February 5, 2002

Division Of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

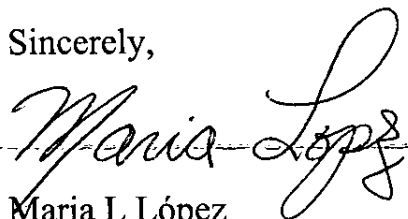
Attention: Mr. Tyrone Scott

Reference: Waive the Reinstatement Fee

Dear Mr. Scott:

As per our telephone conversation, we never received any notice from The Division of Corporation that our annual report was wrong or not filed. We did send our check on time with the Annual report. Please waive the Reinstatement Fee since our check and annual report was sent on time. Thanking you in advance for your attention on this matter, we remain,

Sincerely,



Maria L López
Director