

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000063175

1. Corporation Name

ROYAL SHERIDAN INVESTMENTS CORP

2. Principal Office Address

1925 Brickell Ave.

Suite, Apt. #, etc.
D206

City & State

Miami FL

Zip

33129

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

33129

Zip

Country

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

7-17-98

5. FEI Number

65-0948539

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

ROGER BESU

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

1925 Brickell Ave., Suite D206

Suite, Apt. #, Etc.

D206

City

Miami

State

FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date

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	CARMELO GOMEZ	352 East 5th St	Brooklyn, NY 11218
S	ROGER BESU	1925 Brickell Ave. D206	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROGER BESU, SECRETARY

6-15-01

Date

(305) 854-6363

Daytime Phone #

APPROVED
AND
FILED

01 JUN 26 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1050.00 ***1050.00

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