

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -3 AM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084474

1. Corporation Name

Rosa Adult Care, Inc.

2. Principal Office Address - No P.O. Box #

11260 SW 176 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

Dade

3. Mailing Office Address

13053 SW 133 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1998

5. FEI Number

650975083

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

Aramis Lopez

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

2029 NW 1st Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

7/30/09

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
PR	Aramis Lopez	2029 NW 1 Terrace	Miami, FL 33125
VP	Luis Dominguez Quedo	6515 Fifth St.	Key West, FL 33040
REINSTATEMENT			

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 contained in Chapter 119, 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

7/30/09

Date

305-
256-8197

Daytime Phone #

RA