

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -4 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103990

1. Corporation Name

ROASUR, INC.

~~W06000050252~~

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address

785 CRANDON BLVD

3. Mailing Office Address

2742 BISCAYNE BLVD

Suite, Apt. #, etc.

STE 1102

Suite, Apt. #, etc.

City & State

KEY BISCAYNE FL

City & State

MIAMI FL

Zip

33149

Country

US

Zip

33137

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEL Number

75-3039062

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

ISAAC MATZ PA

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

2742 BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

11/2/06

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	GLADYS MIGONI	785 CRANDON BLVD STE 1102	KEY BISCAYNE FL 33149

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

Date

11/2/06

Daytime Phone #

305-573-0640

ROASUR, INC.
785 CRANDON BLVD STE 1102
KEY BISCAVNE FL 33149

November 29, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Document Number P98000103990
Reinstatement

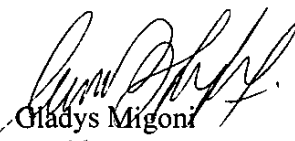
To Whom It May Concern:

I am returning the enclosed reinstatement form for the above referenced corporation.

I would like to request an abatement of the penalties and/or reinstatement fee that I am being charged.

I had never previously received my renewal documents and therefore was not able to file a timely annual report for 2005.

Thank you,


Gladys Migoni
President