

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 22 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000049360

1. Corporation Name

Roche International Inc.

2. Principal Office Address

310 Golfbrook Cir

Suite, Apt. #, etc.

#204

City & State

Longwood, FL

Zip

32779

Country

3. Mailing Office Address

310 Golfbrook Cir.

Suite, Apt. #, etc.

#204

City & State

Longwood, FL

Zip

32779

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/00

5. FEI Number

59-3587903

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

STEVEN P. BENS

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

2054 Palm Vista Dr

Suite, Apt. #, Etc.

City

Apopka

State  
FL

Zip Code

32712

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

*Steven P. Bens*

REGISTERED AGENT MUST SIGN

Date

1/16/03

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	SIME Dijan	310 Golfbrook Cir #204	Longwood FL 32779
T	STEVEN BENS	2054 Palm Vista Dr	Apopka FL 32712

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:

*Steven P. Bens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/03

Daytime Phone #

407 7180352

CR2E081 (10/02)

gs 1/23

**ROCHE INTERNATIONAL INC.**  
**310 GOLFBROOK CIRCLE #204**  
**LONGWOOD, FL. 32779**

**January 16, 2003**

**Department of State**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**To Whom It May Concern:**

**Please find enclosed a check in the amount of \$300.00 representing the annual fee for the above referenced Corporation for the year 2002 and 2003.**

**Please be advised that the Corporation and its registered agent changed addresses in the year 2002 and we did not receive our annual report for 2002. Please excuse the late filing and activate our corporation.**

**Sincerely,**

  
**Steven P. Bens**  
**Registered Agent**