

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P99000061263

1. Corporation Name

ROONIPOONI, INC.

2. Principal Office Address

4750 DAVIS ROAD AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33143

Country

U.S.A.

3. Mailing Office Address

4750 DAVIS ROAD AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33143

Country

U.S.A.

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

07/09/1999

5. FEI Number

65-0932227

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name

Neal S. Litman, P.A.

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

2900 S.W. 28th Avenue

Suite, Apt. #, Etc.

Grove Plaza - Second Floor

City
Miami, Florida

State

FL

Zip Code

33133

800003911738-9

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****900.00 ****900.00

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 3/12/01

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 |
|--------|--------------------------------------|---|----------------------|
| PSTD | Mansfield, Pauline H. | 4750 DAVIS ROAD | MIAMI, FLORIDA 33143 |
| | | | |
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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

3/12/01

Date

(305) 668-8791

Daytime Phone #

CR2E081 (9/99)