

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000075371

1. Corporation Name

ROSITA ENVIOS INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

12973 SW 112TH ST., PMB #386
MIAMI FL 33186

12973 SW 112TH ST., PMB #386
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

546 NW 57 ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip

Country

33126

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1999

5. FEI Number

☒ Applied For
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALAMINO, ROSA M.	12973 SW 112TH ST., PMB #386	MIAMI FL 33186
V	TERAN, GABRIAL	12973 SW 112TH ST., PMB #386	MIAMI FL 33186

000003473440--0
-11/21/00--01110--001
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

ALAMINO, ROSE MARIA
12973 SW 112TH ST., PMB #386
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name Rosa Maria Alamino
Street Address (P.O. Box Number is Not Acceptable)
546 NW 57 ave
Suite, Apt. #, Etc.
City Miami
State FL Zip Code 33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/14/2000

11. 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

Rosa Alamino

10/14/2000 (30r) 2649252
Date Daytime Phone #

KE