

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 12 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088455

1. Corporation Name

Roosevelt Rental/Leasing Agency Inc.

2. Principal Office Address - No P.O. Box #
4920 Northwest 181st Terrace

3. Mailing Office Address
4920 Northwest 181st Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33055 USA

Zip Country
33055 usa

4. Date Incorporated or Qualified To Do Business in Florida 10/06/1999

5. FEI Number
65-0956686

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
Dominique M. Leroy, P.A.

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

Suite, Apt. #, etc.
1428-29

City
Miami

State Zip Code
FL 33131

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 08/27/2007

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,vp	Roosevelt Ivory	4920 Northwest 181st Terrace	Miami, Florida 33055

700109372837
09/12/07--01042--004 **600.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

Daytime Phone #

9/12/07