

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 FEB 14 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107005

1. Corporation Name

RODI GROUP, INC.

Principal Place of Business

Mailing Address

10067 SW 72ST
MIAMI FL 33173

10067 SW 72ST
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

5. FEI Number

03-038-1291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DIAZ, CAMILO	10899 SUNSET DRIVE, SUITE 201	MIAMI FL 33173

500005072195--5
-03/08/02--01011--014
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

2/12/02

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)(l), 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

Daytime Phone #

2/12/02 3052830157

CR0040 (8/01)

Form **SS-4****Application for Employer Identification Number**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)EIN **03-0381291**

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) **Radi Group**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.) **10061 SW 25th**

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code **Miami, FL 33173**

5b City, state, and ZIP code

6 County and state where principal business is located **Dade County, Florida**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ **550 76 4446**
Camilo Diaz

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator-SSN

☒ Other corporation (specify) ▶ **C Corp**

☐ Trust

☐ Federal Government/military

☐ Church or church-controlled organization

☐ Personal service corp.

☐ Limited liability co.

☐ National Guard

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FL**

Foreign country **N/A**

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ▶

☐ Banking purpose (specify) ▶

☐ Changed type of organization (specify) ▶

☐ Purchased going business

☐ Created a trust (specify) ▶

☐ Other (specify) ▶

☐ Hired employees

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **1-1-02**

11 Closing month of accounting year (See instructions.) **December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) **06/30/02**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural **2**

Agricultural **0**

Household **0**

14 Principal activity (See instructions.) ▶ **Food**

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☒ Public (retail)

☐ Other (specify) ▶

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) **01-24-02**

City and state where filed **Miami, FL**

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) **305 412 7444**

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **President**

Signature ▶ 

Date ▶ **1-24-02**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Go.

Ind.

Class

Size

Reason for applying

For Paperwork Reduction Act Notice, see page 4.

-Cat. No. 10055N-

Form **SS-4** (Rev. 12-95)**Hansen ID# 19-00354****866-814-2065**