

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



APPROVAL AND FILED
98 AUG 26 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *SU04162*
1. Corporation Name *Rolenzo, Inc.*

Principal Place of Business Mailing Address
750 S.E. 3rd Avenue Suite 200 Fort Lauderdale, FL 33316 *SOME*

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

REINSTATEMENT *03-98*

2. New Principal Office Address, If Applicable <i>750 S.E. 3rd Avenue Suite #200 Fort Lauderdale, Florida 33316 U.S.</i>	3. New Mailing Office Address, If Applicable <i>same as principal</i>	4. Date Incorporated or Qualified To Do Business in Florida <i>7/16/91</i>
5. FEI Number <i>65-0277550</i>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>DO</i>	<i>Carl S. Karmin</i>	<i>750 S.E. 3rd Avenue Suite 200</i>	<i>Fort Lauderdale Florida 33316</i>

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8. Name and Address of Current Registered Agent <i>Filings, Inc. 3732 N.W. 16th Street Fort Lauderdale, FL 33311</i>	9. Name and Address of New Registered Agent Name <i>Carl S. Karmin</i> Street Address (P.O. Box Number is Not Acceptable) <i>750 S.E. 3rd Avenue Suite 200</i> City <i>Fort Lauderdale</i> State <i>FL</i> Zip Code <i>33316</i>
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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]* REGISTERED AGENT MUST SIGN Date *8/21/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *8/21/98* Daytime Phone # *954-768-9060*

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