

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 PM 12:50

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # V40980

1. Corporation Name

RODWAY CORPORATION

2. Principal Office Address

1550 MURCIA AVE.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

1550 MURCIA AVE

Suite, Apt. #, etc.

6

City & State

CORAL GABLES FL

Zip

33134

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

1992 **SP**

5. FEI Number

650389037

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

WALDO A. CASTRO

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

1550 MURCIA AVE.

Suite, Apt. #, Etc.

City

CORAL GABLES

600004434886--4

06/21/01 01033-028

***900.00 ***900.00

State
FL

Zip Code

33134

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

05/23/01

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
PRES.	WALDO A. CASTRO	1550 MURCIA AVE CORAL GABLES, FL 33	CORAL GABLES, FL 33134
VP	ROSSANA CASTRO	1550 MURCIA AVE.	CORAL GABLES, FL 33134
SEC.	ROSSANA CASTRO	1550 MURCIA AVE	CORAL GABLES, FL 33134

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)(f), 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

05/23/01 (307) 790-5137

Daytime Phone #

CR2001 (8/00)