PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS F	FORM.		
APPLICATION		DEPARTME	NT OF STATE	\neg				
FOR REINSTATEMENT		<i>-</i> 20 / 1	State	\forall	ي	,		
		ON OF ORPO	FATIONS	/ \	25	16/1		
DOCUMENT # 666032					· (A)	A NO 1 PAGE		
					70	() () () () () () () () () ()		
MR. ROLLER BOOGIE'S. INC.					·	5/20/2	! <i>0</i> 0	
Principal Place of Business Mailing Address						· ONE	O .	
5020 Rosamond Dr. #	2602	ENDER E COM	A STATE OF THE STA			Y		
Orlando, Florida 32				[
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable		ormation and enter		4 Data Incorr	porated or Qualified			
5020 Rosamond Dr.	Suite, Apt. #, etc.			To Do Business in Florida 04/07/1980		1980		
City & State #2602	City & State		:	5. FEI Number		Applied For		
Orlando, Florida	Zip	Countr	ý	6. CERTIFICATE OF STATUS DESIRED (or a Certificate of Status)				
32808 U.S.A. 7. Names and Street Addresses of Each Officer and/	or Director /Eleric	do noncios no conse	stinus must fint at lan	L	E OF STATUS DESIRE	for a Cer	rtificate of Status	
Name of Officers	or Director (Florit	Str	eet Address of Each		Ţ			
Title(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box N		umbers)	4	City / State / Zip	·	
P/D Joseph Camillo		5020 Ros	samond Dr	#2602	Onlanda	E1 200	200	
Joseph Camillio			- Camoria DI	• #2002	Orlando,	<u> Fl. 328</u>	308	
					المار والمار والمار والمار والمار	The self selection area.		
	İ		8000026105 983 -08/07/9801055002					
		· · · · · · · · · · · · · · · · · · ·			***236	7.5D ***	2332,50	
								
	}							
			-					
B. Name and Address of Current R	egistered Agent			9. Name and A	ddress of New Re	gistered Agent		
Name					9. Name and Address of New Registered Agent			
Jo s eph Camillo 50 2 0 Rosamond Dr. #2602 Orlando, Fl. 32808			Street Address (P.O. Box Number is Not Acceptable)					
			Suite, Apt. #, Etc.					
City				State Zip Code				
10 I, being appointed the registe ed agent of the above	e named corpora	tion, am familiar wit	h and accept the obli	igations of Section	on 607.0505, F.S.	FL		
Signature of Registered Agent Agent REG	SISTERED AGEN	IT MUST SIGN			Date8/	6/98		
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 fax.)								
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolt owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ition has been elii mes of individuat	minated, the corpor s listed on this form	ate name satisfies the do not qualify for an	e requirements of exemption unde	of section 607.0401	or 617.0401, F.S.,	that all fees	
SIGNATURE: Days Cam	W ,,	canh Cam	i 1.1.oD	8/6/	198	407-	294-1936	
SIGNATURE AND TYPED OR PRINT	TED NAME OF SIG	VING OF FICE A OR DI	illo,Pres	1dent	Date	Daytime Pho	ne#	

CAPITAL CONNECTION, INC.

Date

Will Pick Up

Name

Walk-In

Time

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302	· ·
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
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nr. Roller Bocque's Inc.	
J	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
.00/	Annual Report / Reinstatement
Port	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corn Decord Search
2	Officer Search
	Fictitious Search Search Fictitious Owner Search
gnatura	Fictitious Owner Search
gnature	Fictitious Search Fictitious Owner Search Vehicle Search Driving Record
	Driving Record 5
equested by: ///// 8:3 1032	UCC 1 or 3 File

UCC 11 Search_

Courier_

UCC 11 Retrieval_