

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV -7 PM 3:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G28247**

1. Corporation Name
ROTHEL, INC.

Principal Place of Business	Mailing Address
508 BUENDIA AVE EXT. NORTH FORBES PARK MAKATI METRO MANILA, PHILIPP	508 BUENDIA AVE EXT. NORTH FORBES PARK MAKATI METRO MANILA, PHILIPP



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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/17/1983
City & State MAKATI - CITY	City & State MAKATI CITY	5. FEI Number 34-1011561
Zip PHILIPPINES	Zip PHILIPPINES	Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VILLONCO, ROMEO S.	GALIANO ST.	ROYAL PALM BCH. FL
V	LAZATIN, DELZA	GALIANO ST.	ROYAL PALM BEACH FL
T	MABANTA, THELMA V	GALIANO ST.	ROYAL PALM BEACH FL
			500004733575--2 -12/20/01--01009--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FUCHS, LAWRENCE M. ESQ. 590 ROYAL PALM BCH BLVD ROYAL PALM BCH. FL 33411	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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]* Date: **11-5-01**

REGISTERED AGENT MUST SIGN

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)(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: **ROMEO S. VILLONCO - President** October 22, 2001 (407)793-5621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)