

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL -8 AM 11:30

DOCUMENT # N94000004850

1. Corporation Name

Romir Condominium Association, Inc

300183057603
07/08/10--01034--002 **358.75

2. Principal Office Address - No P.O. Box #

12101 NW 98Ave

3. Mailing Office Address

12101 NW 98Ave

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Hialeah Gardens

City & State

Hialeah Gardens

Zip

33018

Country

Dade

Zip

33018

Country

Dade

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1994

5. FEI Number

850582210

☐ 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

Mario Martinez

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

12101 NW 98 Ave

Suite, Apt. #, Etc.

2

City

Hialeah Gardens

State

FL

Zip Code

33018

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

REGISTERED AGENT MUST SIGN

Date 7/3/2010

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
TD	Mario Martinez	12101 NW 98Ave St2	Hialeah Gardens, Fl 33018
P	Rolando Vega	2975 SW 129 Ave	Miami, Fl 33142
VP	Mireya Vega	2975 SW 129 Ave	Miami, Fl 33142

REINSTATEMENT

08-10

10. E-mail Address: Marioenterprises@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

MARIO MARTINEZ

7-3-2010

786-253-994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #