	PLEASE REAL PLICATION FOR ISTATEMENT	FLORII	TRUCTIONS DA DEPARTMEI Sandra B. Mor Secretary of S DIVISION OF CORPORATION O	NT OF STATE tham state		ING THIS FORM. APPROVED AND FILED		
DOCUMENT # S81659 1. Corporation Name D-N-J ROMERO, INC.					98 JUL 20 AM 11: 28			
					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					IA IA	LLAHASSEE, FLORIDA	•	
2139 SW 1	Place of Business STH ST ACH FL 33445	2139 SW 13	Mailing Address 2139 SW 13TH ST DELRAY BEACH FL 33445					
	addreses are incorrect in any way, line		information and enter		REINS	TATEMENT OF Qualified	91-9B	
Suite, Apt.			Sulte, Apt. #, etc.			ness in Florida 09/2	20/1991	
City & Sta	le	City & State	City & State			65-0281728	Applied For Not Applicable	
Zip Country		Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of Each Officer a	nd/or Director (F	<u>-</u>					
Title(s)	Name of Officers Street				r	City / Sta	ute / Zip	
PD	PD ROMERO, DEBORAH		2139 SW 13TH ST		DELRAY BEACH FL			
					60	0002596 -07/23/380 ****300.00		
8, Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent			
ROMERO, DEBBIE 2139 SW 13TH ST DELRAY BEAÇH FL 33445				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, bein	g appointed the registered agent of the	boyd named cor	poration am familiar w	th and accept the o	bligations of Sect	ion 607.0505, F.S.		
Signature Registered	of Agent A	HE GISTERED A	GENT MUST SIGN			Date 7/6	58	
	nis c <mark>orp</mark> oration owes or tangi bl e Personal Prope			ar Yes 💢	No 🗌		ofor information gible tax.)	
this reli owed b	r that I am an officer or director or the re estatement application, the reason for di by the corporation have been paid and the application is true and accurate, and my	ssolution has bee ne names of indiv	on eliminated, the corporational interesting in the corporation in the	rate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401 or 617.04	01, F.S., that all fees	
CIONIA	TUDE (X)		5		لىه	1-10-99 5	lar-265-2820	
SIGNA	SIGNATURE AND TYPED OR	PRINTED NAME OF	SIGNING OFFICER OR I	DIRECTOR		1-6-98 5 Date Da	ytime Phone #	