

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11300012648 ED

13 MAY 20 AM 7:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 469773

1. Corporation Name

Romo Properties, Inc.

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

4711-57 N.W. 24th Ct.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL.

Zip

33313

Country

USA

3. Mailing Office Address

13 Johanna Drive

Suite, Apt. #, etc.

City & State

Holland, PA.

Zip

18966

Country

USA

REINSTATEMENT 09-13

4. Date Incorporated or Qualified To Do Business in Florida

03/26/1976

5. FEI Number

591619284

Applied For

NOT APPLICABLE

6. CERTIFICATE OF STATUS DESIRED

38.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

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

Katie Wonech

Katie Wonech,

Asst. Secretary

Date 05/14/2013

REGISTERED AGENT MUST SIGN

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
PD	Ferguson, John	1629 Riverview Rd #615	Deerfield Beach, FL 33441

10. E-mail Address: sunshine860@comcast.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

SIGNATURE:

John Ferguson

John Ferguson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11300012648

2012

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6384

8773805

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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CORPORATION REINSTATEMENT  
ROMO PROPERTIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,350.00

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