

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT** FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 03 MAR 10 AM 9:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # G16290**  
 1. Corporation Name  
 Alberto Romeu Studio, Inc.

2. Principal Office Address 1890 SW 57 Avenue		3. Mailing Office Address 1890 Sw 57 Avenue	
Suite, Apt. #, etc. Suite 107		Suite, Apt. #, etc. 107	
City & State Miami, Fl.		City & State Miami, Fl.	
Zip 33155	Country US	Zip 33155	Country US

4. Date Incorporated or Qualified To Do Business in Florida 12/07/1982

5. FEI Number 59-2240541	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Alberto Romeu		
Street Address (P.O. Box Number is Not Acceptable) 1890 SW 57 Avenue		
Suite, Apt. #, Etc. Suite 107		
City Miami	State FL	Zip Code 33155

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 03/10/03--01085--007 \*\*300.00

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 Alberto Romeu Date 3/03/03  
 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	Alberto Romeu	6126 SW 127 Place	Miami, Fl. 33183
SD	Cristina Romeu	6126 SW 127 Place	Miami, Fl. 33183
VP	Patricia Romeu	6126 SW 127 Place	Miami, Fl. 33183

10. 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: Alberto Romeu Date 3/3/03 Daytime Phone # 305-266-3532  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

1890 SW 57 Avenue  
Suite 107  
Miami, Fl. 33155

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Monday, March 03, 2003

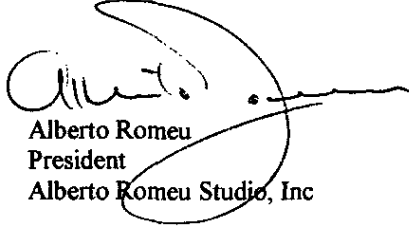
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To whom it may concern,

I am submitting this letter along with the appropriate application and the applicable fees for reinstatement of my corporation. I did not receive the appropriate uniform business report notices. I have already contacted an examiner within your office and she (Barbara) instructed that I follow these steps for reinstatement.

I hope the information and the fees provided are enough to reinstate, if there are any questions regarding this matter, please contact me.

Best regards,



Alberto Romeu  
President  
Alberto Romeu Studio, Inc