

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

152

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

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

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

REGISTERED AGENT MUST SIGN

Date 3/03/03

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 |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

305-266-3532

Daytime Phone #

CR2E081 (10/02)

1890 SW 57 Avenue
Suite 107
Miami, Fl. 33155

272

Monday, March 03, 2003

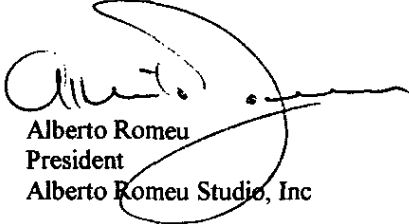
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

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