

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 FEB -4 AM 9:12

DOCUMENT #

H 42726

1. Corporation Name

ROMANO BROTHERS
CONSTRUCTION, INC.

2. Principal Office Address

3111 SW 27th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3111 SW 27th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip Country

33133 DADE

City & State

MIAMI, FLORIDA

Zip Country

33133 DADE

4. Date Incorporated or Qualified
To Do Business in Florida

2-13-85

5. FEI Number

59-2496043

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

JAMES ROMANO

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

3111 SW 27th AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

1/24/02

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
PRES	JAMES ROMANO	6505 SW 69 th AVE	MIAMI, FL 33143
Treas.	"	"	"
SEC	"	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

Daytime Phone #

305-476-8777

CR2E081 (9/01)