

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION *Open*
REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 19 PM 2:21

DOCUMENT # **J81772**
 1. Corporation Name
ROMANOVIC, INC.

Principal Place of Business Mailing Address
940 NW 56TH ST FT LAUDERDALE FL 33309 **940 NW 56TH ST FT LAUDERDALE FL 33309**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
07/07/1987

5. FEI Number
65-0003362

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ROMANOVIC, MILO	940 NW 56TH ST	FT LAUDERDALE FL
V	ROMANOVIC, MILANKA	940 NW 56TH ST	FT LAUD FL
T	ROMANOVIC, ZORAN	940 NW 56TH ST	FT LAUD FL
V	ROMANOVIC, DRAGAN	940 NW 56TH ST	FT LAUD FL

800004668978--4
 -11/06/01--01054--012
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent
ROMANOVIC, MILO
940 NW 56TH ST
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Milo Romanovic* REGISTERED AGENT MUST SIGN Date **10/16/01**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *Milo Romanovic* **Milo Romanovic** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **10/16/01** Daytime Phone # **954-772-7737**

CR02040 (8/01)

EXECUTIVE
AUTO PAINT, BODY & FRAME SHOP
CAR-O-LINER
UNIBODY BENCH SYSTEM
AB # 0081

940 N.W. 56 STREET
FT. LAUDERDALE, FL 33309

PHONE (954) 772-7737
FAX (954) 772-7738

October 16, 2001

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

RE: Corporation Annual Report

Dear Sirs;

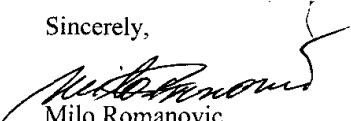
We just received the Notice of Administrative Dissolution or Revocation. I immediately called the listed phone number and was told to write this letter to explain that we never received any notice of filing.

We have had a terrible problem with our mail delivery in the past several months, as our regular mail lady was diagnosed with cancer at the beginning of the year. Our mail route has been split among many other mail carriers and we have had a big problem with receiving checks from Insurance Companies as well.

We have been in business for 14 years and have always complied with any and all State Regulations. I have enclosed a check for \$150.00 and our signed application. Please reinstate our Corporate Active Status, as this is a problem that is not in our control. Should you have any questions regarding this situation, I can be reached at (954) 772-7737.

Thanking You in advance for your attention to this matter.

Sincerely,


Milo Romanovic
President