

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -5 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L78378**

1. Corporation Name

Romar and Associates of South Florida, Incorporated

2. Principal Office Address

700 Eastwind Dr.

Suite, Apt. #, etc.

City & State

North Palm Beach, Florida

Zip

33408

Country

Palm Beach

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/07/90

5. FEI Number

65-0249652

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

Karen H. Marasco

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

700 Eastwind Dr.

Suite, Apt. #, Etc.

City

North Palm Beach

State
FL

Zip Code

33408

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 **12-03-02**

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
President	Peter J. Marasco	700 Eastwind Dr.	N. Palm Beach, Fl. 33408

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

Date

Daytime Phone #

12-03-02 561-881-9679

CR2E081 (9/01)

js 12/5

ROMAR and ASSOCIATES

Jim Smith
Secretary of State
Divisions of Corporations
State of Florida

Dear Mr. Secretary

Due to my having to replace both of my knees in the last 18 months and then having to have a heart defibrillator/pacemaker placed in my chest due to a heart attack, I did not file my corporation papers. I also believe I did not receive the notice but because of my health conditions my wife may have been to preoccupied to inform me when it arrived. I therefore am sending a check for \$300.00 as told me by phone from your office as to how to reinstate my corporation. Thank you for your offices help and cooperation.

Sincerely

Peter J. Marasco



501 P.J. MARASCO@AOL.COM

BUS. (407) 881-9679
FAX (407) 881-8537
1-800-220-5272

700 EASTWIND DRIVE
NORTH PALM BEACH, FL 33408