

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 AM 8:00

DOCUMENT # *M31700*

1. Corporation Name

Casa Romeu Restaurant, Inc.

2. Principal Office Address

13714 NW 18 Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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

05/07/1986

5. FEI Number

59-1857511

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000028664730
02/12/04--01039--013 **1350.00

REINSTATEMENT

00-04

MRS

7. Name and Address of Current Registered Agent

Name

Heriberto Romeu

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

13714 NW 18 Street

Suite, Apt. #, Etc.

City

Pembroke Pines

State
FL

Zip Code
33028

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

Heriberto Romeu
HERIBERTO ROMEU - REGISTERED AGENT MUST SIGN

Date

2/4/04

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
P/D	Heriberto Romeu	13714 NW 18 Street	Pembroke Pines, FL 33029
S/D	Nuri Romeu	13714 NW 18 Street	Pembroke Pines, FL 33029

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

Heriberto Romeu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HERIBERTO ROMEU

Date

2/4/04

954-252-9768

Daytime Phone #

CR2E081 (10/02)