

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 AM 8:01

DOCUMENT # *P00000032154*

1. Corporation Name

The Law Offices of Jay F. Romano, PA.

2. Principal Office Address

10 FAIRWAY DRIVE

Suite, Apt. #, etc.

131

City & State

BOCA RATON FL

Zip

33441

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

1998

5. FEI Number

65-0993345

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02 UBR

7. Name and Address of Current Registered Agent

Name

JAY ROMANO

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

10 FAIRWAY DRIVE

Suite, Apt. #, Etc.

131

City

Deerfield Beach

400009502424
*12/13/02--01039--004 **150 00*

State
FL

Zip Code
33441

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

Jay Romano
REGISTERED AGENT MUST SIGN

Date

Dec. 12, 2002

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
<i>Pres.</i>	<i>JAY ROMANO</i>	<i>10 FAIRWAY DRIVE STE 131 DEERFIELD BEACH, FL 33441</i>	<i>DEERFIELD BEACH FL 33441</i>

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 #

Jay Romano

December 12, 2002

CR2E081 (9/01)

THE LAW OFFICES OF JAY F. ROMANO, P.A.

ATTORNEYS AT LAW
10 Fairway Drive, Suite 131
Deerfield Beach, Florida 33441

Telephone: (561) 271-1769
Fax (561) 470-4981

December 12, 2002

Via Federal Express
Department of State
Division of Corporations
George Firestone Bldg.
409 East Gaines Street
Tallahassee, Florida 32399

Re: Waiver of Reinstatement Fee
The Law Offices of Jay F. Romano, P.A.
Document # P00000032154
Tax Id.# 65-0993345

Dear Reinstatement Department:

Pursuant to my conversation with you, I have enclosed a check for \$ 150.00 for my annual fee for the above corporation, and request that you waive any additional fees due to the wrong address on file of the business with you, and I never received it. I appreciate your consideration in this matter, and please update the address of the corporation.

Sincerely yours,


Jay F. Romano