

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

ADDITIONAL
FILING
FILED

06 MAY -5 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100075288951
05/25/06--01049--002 **1200.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000036223

1. Corporation Name

Romar Custom Design, Inc.
6267 N Federal Highway # 632
Ft. Lauderdale, FL 33308

2. Principal Office Address

6267 N Federal Highway

Suite/Apt. #, etc.

#632

City & State

Ft. Lauderdale, FL

Zip

33308

Country

US

3. Mailing Office Address

3200 Port Royal Dr. North

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

US

REINSTATEMENT

04-06 DSC

CR2E081 (12/05)

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

5. FEI Number

65-1001282

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

Frances Savigliano

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

3200 Port Royal Dr., North

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

Frances Savigliano
REGISTERED AGENT MUST SIGN

Date

4/28/06

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	Frances Savigliano	3200 Port Royal Dr North	Ft. Lauderdale, FL 33308

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 contained in Chapter 119, 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:

Frances Savigliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/06

Daytime Phone #