

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 29 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000036223

1. Corporation Name
ROMAR CUSTOM DESIGN, INC.

2. Principal Office Address - No P.O. Box #
6267 N Federal Highway

3. Mailing Office Address
3200 Port Royal Dr. N.

Suite, Apt. #, etc.
#632

Suite, Apt. #, etc.
1902

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale. FL

Zip Country
33308 US

Zip Country
33308 US

600178580486
04/29/10--01007--027 **\$600.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida 4/10/2000

5. FEI Number Applied For
65-1001282 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. N.

Suite, Apt. #, Etc.
1902

City
Ft. Lauderdale

State Zip Code
FL 33308

PROFIT CORPORATIONS ONLY
☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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 _____

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. N. #1902	Ft. Lauderdale, FL 33308

10. E-mail Address: thinkshirts@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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 Daytime Phone #

4/30aw