

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 36835

1. Corporation Name

Romero Drywall, Inc.

2. Principal Office Address

9615 NASSAU Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33189

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

04/12/2000

5. FEI Number

05-0999244

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

MARTINA ROMERO

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

9615 NASSAU DRIVE

Suite, Apt. #, Etc.

City

Miami

400029485744

02/27/04--01006--005 **150.00

1/16/04 01033 010 \$500.00

01/16/04 01033 011 \$250.00

State

FL

Zip Code

33189

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

(X)

Martina Romero
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
VSD	Romero, Fernando	9615 NASSAU DRIVE	Miami, FL 33189
P	Romero, MARTINA	9615 NASSAU DRIVE	Miami, FL 33189

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: (X)

Martina Romero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

305-235-9391

Daytime Phone #

CR2E081 (10/02)