PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR - '€ REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

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SIGNATURE:

REIN	FOR STATEMENT	DIV	Glenda E. Ho Secretary of S VISION OF CORPOR	tate		FILE				
DOCUMENT # P0000056832 1. Corporation Name						O3 NOV 20 AM 11: 46 SECRETARY OF STATE SECRETARY OF STATE OF STAT				
ROMAT	TECH, CORP.				ज्ञान का स्थान की है। ज्ञान का स्थान की है।	SECRETAN	FI OKIDA			
Principal Pla	ace of Business	Mailing Addre	ess	PEINS						
8600 NW 30TH TERRACE 8600 NW 30TH SUITE A SUITE A MIAMI FL 33122 MIAMI FL 33 If above addresses are incorrect in any way, line through incorrect in any way.			22	correction below.	200024875752					
2. New Prin	ncipal Office Address, If Applicable	3. New Maili	ng Office Address, If	Applicable X AUE	4. Date Incorpo	Ü3Ü1∭2Ŭ3 orated or Qualified ess in Florida	o wated.			
Suite, Apt. #		Suite, Apt. #,	etc.		5. FEI Number		06/13/2000 Applied For			
City & State	11 1 11	City & State	MI FLA	A	6.	65-1016388	Not Applicable			
^{Zip} 331	12 Country SA	Zip 331	72 Country	$A_{}$	CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status			
7. Names a	nd Street Addresses of Each Offic Name of Offic and/or Director	ers	Stre	ations must list at lea eet Address of Each licer and/or Director		City	y / State / Zip			
PD	HIGGINS, JOHN		6929 NW 63 WA	Y		PARKLAND FL 33067				
A COL	LOPEZ, LAMBERT LAND	ELT LOPET	15041 SW 154 T	ĒR		MIAMI FL 33186				
STD	RESNICK, DONALD		6464 ENCLAVE V	NAY		BOCA RATON FL 33496				
RESNK 6464-E BOGA	8. Name and Address of Co CH, DONALD NCLAVE WAY ATON FL 83496 MIAM	7 4	9. Name and Address of New Registered Agent Name CRAN FALLON							
Signature of Registered A	Agent	REGISTERED AG	ENT MUST SIGN	th and accept the ob	ligations of Section	on 607.0505, F.S. or 617	0505, F.S.			
	that I am an officer or director or the statement application, the reason for									

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

ROMATECH CORPORATION

1840 NW 95TH Avenue Miami, Florida 33172

November 13, 2003

To: Secretary of State

Reference: Notice of Administrative Dissolution

From: John Higgins

I have received your notice of dissolution last week. Since we moved our offices 3 months ago we have had difficulty with the mail. I am requesting that Romatech be reinstated as I cannot find nor do I recall receiving the UBR notices. Since we have been in business over three years and have not had any other notices filed I can only say that once I receive the forms I will personally insure that they are filed in a timely manner.

I am requesting that you waive the penalty as I am including a check for \$150.00 and ask that you reinstate our company. Thank you for your consideration in this matter.

John Higgins President