

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049365

1. Corporation Name

TRAVERTINO ROMANO, INC.

Principal Place of Business

780 NE 69TH STREET, SUITE 1708
MIAMI FL 33138

Mailing Address

780 NE 69TH STREET, SUITE 1708
MIAMI FL 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2001

5. FEI Number

651010598

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	LEONARDI, ROBERTO	4770 BISCAYNE BLVD., SUITE 1100	MIAMI FL 33137
D	LEONARDI, MARIA F	4770 BISCAYNE BLVD., SUITE 1100	MIAMI FL 33137

8. Name and Address of Current Registered Agent

LEONARDI, ROBERTO
4770 BISCAYNE BLVD., SUITE 1100
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-22-02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-02

CR2040 (8/02)

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TRAVERTINO ROMANO INC.

November 22, 2002


Department Of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

To whom it may concern,

Please be advised that following our filing in July 2002 of the UBR Form we never received any rejection letter from the department of State stating that there was an error in our filing.

I'm enclosing as advised by you, the UBR form included with all the information required.

Sincerely,



Roberto Leopardi