

PRASE 10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 27 AM 9 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000023577

1. Corporation Name

Charles Romano of Palm Beach, Inc.

2. Principal Office Address

719 W. Ocean Ave

Suite, Apt. #, etc.

City & State

Lantana, FL

Zip

33462

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

05/12/03 90226 617 18000
800027653138
01/27/04--01016--004 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/2002

5. FEI Number

02-0569622

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

Charles Romano

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

719 W. Ocean Avenue

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

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 [Signature]

Date 01/21/04

REGISTERED AGENT MUST SIGN

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	Charles Romano	719 W. Ocean Ave.	Lantana, FL 33462
VP	Gino Galluzzo	4321 NE 16th Terrace	Oakland Park, FL 33334

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 [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/21/04 561/723-2023

Daytime Phone #

CRCE0811002

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A G F & ASSOCIATES
ACCOUNTING AND TAX PLANNING

January 20, 2004

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Charles Romano of Palm Beach, Inc. Document #: P02000023577

To Whom It May Concern:

This letter is in regard to the above named corporation who is our client. Last year our client filed the corporate annual renewal form along with the \$150 renewal fee. Recently it was discovered that the corporation had been dissolved by the state.

Our client contacted us not knowing why the corporation had been dissolved. We called your office to determine what had occurred. The person I spoke to acknowledged that the corporate renewal had been filed and the fee received. However, that the corporation had been dissolved because your office had never received a response from a letter mailed to our client in May of 2003 requesting additional information, specifically, the title of each officer and director. The reason there was no response is due to the fact that our client never received the letter requesting this information.

When I called to your office today I was instructed to send this letter along with the corporate re-instatement form and the \$150 filing fee for 2004 renewal. We are requesting that you correct your records for 2003 and list this corporation as active and we kindly request the \$600 late fees be waived.

Should you have any questions you can contact me at the telephone number listed on our letterhead.

Thank you very much for your consideration and help.

Sincerely,



Suzanne Fenlason

619 North Dixie Highway
561/582-5129

Lake Worth, FL 33460
Fax 561/533-5959