


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P02000059850

1. Corporation Name

ROMEO BEACH, INC.

REINSTATEMENT 03-04
12/17/03 01004 013 750.00


2. Principal Office Address 10245 La Reina Rd		3. Mailing Office Address 10245 La Reina Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, Florida		City & State Delray Beach, Florida	
Zip 33446	Country Broward	Zip 33446	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 01-0708086	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	Mark S. Meland, Esq./Meland Russin Hellinger & Budwick, P.A.
Street Address (P.O. Box Number is Not Acceptable)	200 South Biscayne Boulevard
Suite, Apt. #, Etc.	Suite 3000
City	Miami
State	FL
Zip Code	33131

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	Date 1/14/04
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
D/P/T	Eida, Max	10245 La Reina Rd	Delray Beach, Florida 33145
D/S	Eida, Edna	10245 La Reina Rd	Delray Beach, Florida 33145

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: 	Date 1/14/04 954 242 1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (10/02)