

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

04 APR -6 PM 4:48

DOCUMENT #

1. Corporation Name

PO2600070815  
Roehm Enterprises Inc.

2. Principal Office Address

536 NW 44th Ter.

Suite, Apt. #, etc.

Apt 201

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Office Address

P.O. Box 971552

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33497

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

6/26/02

5. FEI Number

02-0630168

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

607.0505 or 617.0503, F.S.

7. Name and Address of Current Registered Agent

Name

Marsha Roehm

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

536 NW 44th Ter

Suite, Apt. #, Etc.

Apt 201

City

Deerfield Beach

State

FL

Zip Code

33442

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3-27-04

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
Pres.	Marsha Roehm	536 NW 44th Ter # 201	Deerfield Beach FL 33442

600031865456  
04/06/04--01031--008 \*\*300.00

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:

*[Signature]* Marsha Roehm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-04

Daytime Phone #

561-756-6540

CR2001 (01/04)

Roehm Enterprises, Inc.  
536 NW 44<sup>th</sup> Terr, Apt. 201  
Deerfield Beach, Fl. 33442

March 24<sup>th</sup>, 2004

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O.BOX 6327  
Tallahassee, Fl. 32314

Re: Corp. # P02000070815

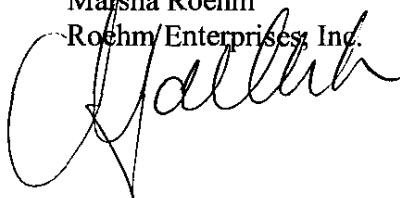
Dear Gentlemen,

I have moved from Pompano Beach and never received the renewal form for my corporation. My new address is named above.

Please reinstate me A.S.A.P. please and except my check for \$300, -- for the dues of 2003 and 2004. I am filing for a 2COP license right now and that's how I found out about the delinquency.

Best regards,

Marsha Roehm  
Roehm Enterprises, Inc.

A handwritten signature in black ink, appearing to read 'Marsha Roehm', is written over the typed name and company name.