


2006 FOR PROFIT CORPORATION REINSTATEMENT

1082

FILED

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DOCUMENT # P05000021690		
1. Entity Name ROENREP CORP		

Principal Place of Business 250 BEACH RD #207 TEQUESTA, FL 33469	Mailing Address 250 BEACH RD #207 TEQUESTA, FL 33469
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



103102006 REINSTATEMENT CR2509811109

4. FEI Number 20-2004287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERRONE, TJOMAS M 250 BEACH RD #207 TEQUESTA, FL 33469		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRONE, THOMAS M 250 BEACH RD #207 TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Thomas M Perrone 11-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 28 2006

202

November 22, 2006

To Whom It May Concern:

I wish to appeal the penalty levied against Roenrep Corporation for failure to file our annual report before the final date for filing. As sole proprietor and employee of the company, I was in Michigan preparing for hip replacement surgery and receiving therapy for a spinal stenosis.

I was unaware of the mail you sent to the address because it was not forwarded to my location in Michigan until long after the final due date. In the meantime, I was having a battery of tests, doctors' consultations, then surgery, followed by a nursing home stay and physical therapy until present.

I hope you will be understanding of my case and cancel the penalty that has been imposed. For verification of the above facts, the following are some contacts along with their phone numbers. I'm enclosing our check for \$150.00 for corporate reinstatement.

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|---------------------------------------|--------------|
| • Dr. Hubers – Hip Surgeon | 248.244.9426 |
| • Dr. Byrne – Internal Medicine | 586.751.0732 |
| • Dr. D. Watson – Neurology | 248.248.9070 |
| • Dr. Fishgruend – Orthopedic Surgeon | 248.663.1900 |
| • Beaumont Hospital | 248.898.5000 |
| • Woodward Hills Nursing Center | 248.644.5522 |
| • Dynamic Therapy | 248.649.2323 |

Regards,



Thomas M. Perrone
248.202.7223