2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000118316

FILED Nov 06, 2009 Secretary of State

Entity Nam	ie: ROMAT VE	ENTURES, INC.			
Current Principal Place of Business:			New Principal Place o	of Business:	
	NRIE FALCON HAPEL, FL 33				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	NRIE FALCON HAPEL, FL 33				
FEI Number:	20-5543077	FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			nt: Name and Address of	Name and Address of New Registered Agent:	
214 E WAS SUITE A	SULTING, INC HINGTON ST. , FL 34715 US		EKECHI, MATHEW C 29855 PRAIRIE FALCO WESLEY CHAPEL, FL		
The above in the State		ubmits this statement for	r the purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MATHEW C EKECHI				11/06/2009	
	Electronic	Signature of Registere	d Agent	Date	
		(2)(b), F.S., the corporation Trust Fund Contribution (did not receive the prior notice.).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E EKECHI, MATHEN 29855 PRAIRIE F WESLEY CHAPE	FALCON DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E EKECHI, ROSELI 29855 PRAIRIE F WESLEY CHAPE	FALCON DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATHEW C EKECHI Ρ 11/06/2009