

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710000000025

1. Corporation Name

ROMAN Food Service Corp

2. Principal Office Address - No P.O. Box #

12009 E Martin King Jr. Ave.

Suite, Apt. #, etc.

Suite 8

3. Mailing Office Address

156 N Parsons

Suite, Apt. #, etc.

City & State

SEFFNER

City & State

Brandon FL

Zip

33584

Country

Hillsborough

Zip

33510

Country

Hillsborough

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 1

5. FEI Number

273089973

☐ 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

Carlos Roman

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

2110 R. Howell Ct

Suite, Apt. #, Etc.

Br

City

Brandon

State

FL

Zip Code

33510

500215678345
12/30/11--01023--008 **758.75

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]

Date

12/30/11

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
Pres.	Carlos Roman	12009 E Martin King Jr. Ave	SEFFNER FL. 33584

REINSTATEMENT

2012 -

10. E-mail Address:

ROMAN Food Services @ Yahoo. com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] Carlos Roman

Date

12/30/11

Daytime Phone #

8138411700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
11 DEC 30 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA