

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -3 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008070

1. Corporation Name
ROMAR ENTERPRISES, INC.

Principal Place of Business 9951 SW 154 Avenue Miami, FL 33196	Mailing Address 9951 SW 154 Avenue Miami, FL 33196
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/02/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0385649	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	ROBERTO PARDEY	9951 SW 154 Avenue	Miami, FL 33196
S/D	ROSARIO PARDEY	9951 SW 154 Avenue	Miami, FL 33196
			500005507775--9 -05/14/02--01017--004 ***900.00 ***900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROBERTO PARDEY 9951 SW 154 Avenue Miami, FL 33196		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 05/01/02
REGISTERED AGENT MUST SIGN

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., 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]* Date: 05/01/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/01)