

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 APR 23 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037253**

1. Corporation Name

ROMA CORP.

Principal Place of Business

**18550 North Bay Road
Miami Beach, FL 33160**

Mailing Address

**18550 North Bay Road
Miami Beach, FL 33160**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

May 16, 1994

5. FEI Number

65-0912020

Applied For
Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VP, S, T, D	LUIGI BARONE	18550 North Bay Road	Miami Beach, FL 33160
PD	JOSEPH HERMANNNS	1720 Jefferson St., #209	Hollywood, FL 33020

**7000002862347--1
-05/04/93--01086--002
***1350.00 ***1350.00**

8. Name and Address of Current Registered Agent

**LUIGI BARONE
18550 North Bay Road
Miami Beach, FL 33020**

9. Name and Address of New Registered Agent

**JOSEPH V. HERMANNNS JR., ESQ.
Street Address (P.O. Box Number is Not Acceptable)
1643 Hollywood Blvd.,
Suite, Apt. #, Etc:**

Hollywood, FL.

State **FL** Zip Code **33020**

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

Joseph V. Hermannns Jr.
REGISTERED AGENT MUST SIGN

Date **4/7/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Joseph V. Hermannns Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 (954) 922-3707
Date Daytime Phone #