PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 29 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000035757 (CO)

1. Corporation Name
Romi International Import Export Inc

Principal Place of Business / Mailing Address
7370 N.W. 36th street # 100-B
Miami, Fl 33166

REINSTATEMENT 96-97

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
7370 N.W. 36th street	
Suite, Apt. #, etc. 100-B	Suite, Apt. #, etc.
City & State Miami, Fl	City & State
Zip 33166 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 05-02-1995

5. FEI Number 65-0621238 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Ercolani, Roberto	7370 N.W. 36th st #100-B	Miami, Fl 33166
V	Ercolani, Fernando A.	7370 N.W. 36th st #100-B	Miami, Fl 33166
S	Aguilera-Marcales, Nuay	8352 S.W. 10th street	Miami, Fl 33144
T	Ercolani, Roberto E.	7370 N.W. 36th st #100-B	Miami, Fl 33166

800002164218--B
05/02/97--01120--014
****923.75 ****923.75

8. Name and Address of Current Registered Agent
Wolfe, Larry
200-A John Knox Road
Tallahassee, Fl 32303-6643

9. Name and Address of New Registered Agent
Name: Aguilera-Marcales, Nuay
Street Address (P.O. Box Number is Not Acceptable): 8352 S.W. 10th street
Suite, Apt. #, Etc.
City: Miami — State: FL — Zip Code: 33144

CR2E040 (12/96)

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] — REGISTERED AGENT MUST SIGN — Date 04/28/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 04/26/97 — Daytime Phone # 305-4361008