	DEPARTMENT OF STATE	
	Katherine Harris Secretary of State	FILED
IDEINIOTATENIENIT V <i>isio</i> met V	ISION OF CORPORATIONS	
DOCUMENT # 1295000	026097	99 DEC 30 AM 9: 45
. Corporation Name	000-111	SECRETARY OF STATE
Romtrans CORP.	· ·	TALEARIAS SEE. FEGRIDA
	•	
Principal Place of Business Mailing Addres		
2447 ocean Blod. 244	7 Ocean Blud.	
Singer Island, Sing	ger Island,	
FL 33404 / FL	33404	DEBICTATEDREAM CHA-O
If above addresses are incorrect in any way, line through incorrect info	ormation and enter correction below. g Office Address, If Applicable	TENSIAI ENIENI MU M
3447 Ocean Blud 2447	Ocean Blud	Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. Suite, Apt. #, e	ntc.	5. FEI Number Applied For
city & State Singer Island Fu Sino	En Tslandi	65-058-1697 Not Applicable
Zip Country Zip	Country	6. CERTIFICATE OF STATUS DESIRED
33 404 U.S.A. 33 40 Names and Street Addresses of Each Officer and/or, Director (Florid	da nonprofit corporations must list at lea	ast 3 directors)
Name of Officers Title(s) and/or Directors	Street Address of Each Officer and/or Director	n
2	3 (Do NOT Use Post Office Box N	Numbers) 4
P Victor Dragota	737 BUNY P	North Palm Bch
	15/0001_10	SINGER ISLAND
5 mary E. Calvani	4100 N. Ocean	1 DR. FL 33404
	,	
		5000030969252 -01/13/0001007011
		***1200.00 ***1200.00
C. Name and Address of Current Periotered Agen		9. Name and Address of New Registered Agent
Nama		
Victor Dragota	Street Address (I	P.O. Box Number is Not Acceptable
737 BUOY REGAD	737 Suite, Apt. #, Etc	Brol Kard
North Palm Bea	ach, L	
FL 33408	North	h Palm Beach FL 33408
10. I, being appointed the registered agent of the above named corporate	ation, am familiar with and accept the o	bligations of Section 607.0505, F.S.
Signature of AULIS Brocker		Date 9/23/99
AFGISTERED AGE		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes M No D (See other side for information on intangible tax.)		
Intangible Personal Property Tax due	B June 30. 1es	L No L
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 individuon this application is true and accurate, and my signature shall have	ials listed on this form do not qualify for	an exemption under section 119.07(3)(i), F.S. the information in the
Victor		
With Amoral Do sale de la company		
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SI	GNING OFFICER OR DIRECTOR	Date Daytime Phone #
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