

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 DEC 29 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000016293

1. Corporation Name

Tromen, Inc.

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

2901 Belmar Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33304

Country

USA

3. Mailing Office Address

2901 Belmar Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33304

Country

USA

REINSTATEMENT

CR2E081 (6/10)

07-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

Eugenio Mader

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

2901 Belmar Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

500189088195
12/29/10--01009--001 **1235.00

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

REGISTERED AGENT MUST SIGN

Date 12/28/10

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
PD	Eugenio Mader	2901 Belmar Street	Ft. Lauderdale, FL 33304

10. E-mail Address: jorge@lopezgarcia.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., 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.

SIGNATURE:

Eugenio Mader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/10

Date

Daytime Phone #

12/29/10