

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS EGRM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

DOCUMENT # 097000054298

**1. Corporation Name**

Charles Romanoff, Inc.

**2. Principal Office Address**

340 Royal Poinciana Plaza

**3. Mailing Office Address**

340 Royal Poinciana Plaza

Suite, Apt. #, etc.

Suite 328

Suite, Apt. #, etc.

Suite 328

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/01/1997

**5. FEI Number**

65-0760295

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

Charles Romanoff

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

328 Royal Poinciana Plaza

Suite, Apt. #, Etc.

Suite 328

City

Palm Beach

State  
FL

Zip Code

33480

**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

*Charles Romanoff*  
REGISTERED AGENT MUST SIGN

Date 10/23/02

**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
P	Charles Romanoff	328 Royal Poinciana Plaza, Ste. 328	Palm Beach, FL 33480

**10. 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:

*Charles Romanoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02 561-655-9081

Daytime Phone #

CR2E081 (9/01)

11/5/02

2 ✓

CHARLES ROMANOFF, INC.  
REAL ESTATE SALES  
340 ROYAL POINCIANA PLAZA  
SUITE 328  
PALM BEACH, FL 33480  
(561) 655-9081

October 23, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

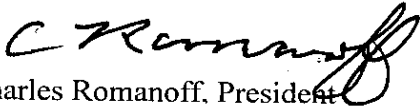
Re: Charles Romanoff, Inc.

Dear Sir/Ms.,

Please find enclosed an Application for Reinstatement for a Profit Corporation along with a check in the amount of \$150.00. We have searched our records and cannot find that we received the original Annual Report to be filed. Please accept this Application for Reinstatement along with our check in full payment of the Corporate Annual Report Fee.

Should you have any questions regarding this matter, please contact me at your convenience.

Very truly yours,  
Charles Romanoff, Inc.

  
Charles Romanoff, President