PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 04 DEC -2 PH 2: 34
DOCUMENT # P97 000 0 5 4 3 7 2 1. Corporation Name			SEGRETARY OF STATE TALLAMASSEE, FLOROS
THE ROMAN CONSTRUCTION CORPORATION			· · · · · · · · · · · · · · · · · · ·
13325 SW 47 ST 1332		3. Mälling Office Address 13325 SW 47ST.	
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida JUNE 19, 1997
City & State City & State		City & State HIAMI TELSRIDA	5. FEI Number Anplied For
^{Zip} 331	75 Country	Zip Country - 33175 -	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional top required top a Contilication of Status
	i	7. Name and Address of Current Register	<u></u>
`.	Name FRANCISCO A. ROMAN Street Address (P.O. Box Number is Not Acceptable) 13325 S. W. 47 ST. Suite, Apt. # Etc.		
. د د د د د د د د د د د د د د د د د د د	city MIAMI		State Zip Code FL 33175
8. I, being appointed the registered agent of the above named corporation, am femiliar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date NOV 8, 2004 REGISTERED AGENT MUST SIGN			
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 Directo	05.40
P/D	FRANCISCO A. ROMAN	13325 S.W. 47 ST	MIAMI, FL 33175
NP/D	JOSE L. ROMAN	13325 S.W. 47 ST	MIAHI, FL33175
SID	ROSARIO S. ROMAN	1 13325 S.W. 47 S	T. MIAMI, FL 33175
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			600042604896 11/09/0401062017 **8,75
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 filling 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 Nov. 8, 2004 786 - 223 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 786 - 325 - 515 7 787 - 325 - 515 7 787 - 325 - 515 7 787 - 325 - 515 7 787 - 325 - 515 7 78			

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