

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000009818

1. Entity Name
ROMISA INTERNATIONAL CORP.



05 MAY 26 PM 12:49

Principal Place of Business

7367 SW 2A ST.
C/O JOE ALAMO
MIAMI, FL 33155

Mailing Address

7367 SW 2A ST.
C/O JOE ALAMO
MIAMI, FL 33155

2. Principal Place of Business

13348 SW 144 TERR

3. Mailing Address

13348 SW 144 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

Zip

33186

Country

05212005

REIN-P

CR2E098 (6/04)

24-05

4. FEI Number

65-0813826

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMAN, ALEX
13348 SW 144 TERR.
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

05/20/05

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROMAN, ALEX
STREET ADDRESS 13348 SW 144 TER.
CITY-ST-ZIP MIAMI, FL 33186

TITLE ST
NAME ROMAN, ALEX
STREET ADDRESS 13348 SW 144 TER.
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/05

Date

Daytime Phone #

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