

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000061348

1 Corporation Name ROMONT MANAGEMENT GROUP Co.

FILED

99 NOV -4 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1100 NE. 163rd St.  
SUITE 402  
N.M.B., FL. 33162

Mailing Address  
P.O. BOX 695343  
MIAMI, FL. 33169

200003046042--0  
-11/16/99--01082--003  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 09

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable		4 Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/04/98	
City & State		City & State		5. FEI Number	
Zip		Zip		69-0849754	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S8 75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	LAURENT, RON	1100 NE 163rd ST., SUITE 402	No. MIA. Bch., FL 33162
V/S/T/D	KISSOON, MOREEN	15651 SW 141rd Ct.	MIA., FL. 33177

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
JACK L. WEITZMAN, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
9190 SUNSET DR.  
Suite, Apt. #, Etc.  
City  
MIA  
State  
FL  
Zip Code  
33173

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Jack L. Weitzman*

REGISTERED AGENT MUST SIGN

Date 11/3/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON LAURENT, PRESIDENT/DIRECTOR

Date 11/3/99 (305) 788-3151  
Daytime Phone #

CR2E081 (12/98)