

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 OCT 20 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700137072307
10/20/08--01045--018 **1350.00

REINSTATEMENT 00-08
CR25081 (10/08)

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061348

1. Corporation Name

ROMONT MANAGEMENT Group Co.

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

4770 BISCAYNE BLVD

Suite, Apt. #, etc.

880

City & State

MIAMI FL

Zip

33177

Country

DADE

3. Mailing Office Address

"

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/98

5. FEI Number

690849754

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

RON G. LAURENT

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

4770 BISCAYNE BLVD

Suite, Apt. #, Etc.

880

City

MIAMI

State

FL

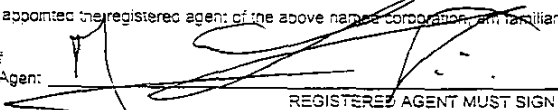
Zip Code

33177

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 10/14/08

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
PRES	RON G. LAURENT	4770 BISCAYNE BLVD #880	MIAMI FL 33177
V.P.	CHRISTOPHER LOPEZ	4770 BISCAYNE BLVD #880	MIAMI FL 33177
SEC.	JOSUE SALOMON	4770 BISCAYNE BLVD #880	MIAMI FL 33177

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 contained in Chapter 119, 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

Date

10/14/08

Daytime Phone #

10/21/08