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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P99000043584</b>					
1. Corporation Name <b>ROMAN Financial INC.</b>					
2. Principal Office Address <b>508 Westbrook Ave</b>			3. Mailing Office Address <b>P.O. Box 522</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Brandon</b>			City & State <b>Valrico, FL</b>		
Zip <b>33511</b>	Country <b>Hillborough</b>	Zip <b>33595-0522</b>	Country <b>Hillborough</b>	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <b>59-3587635</b>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT** 2000-2006

7. Name and Address of Current Registered Agent		
Name <b>RICHARD M. ROMAN</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>508 Westbrook Ave</b>		<b>600079941006</b> <b>09/19/06--01017--025 **1050.00</b>
Suite, Apt. #, Etc.		
City <b>BRANDON</b>	State <b>FL</b>	Zip Code <b>33511</b>


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  Date **9-13-06**

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 Director	City / State / Zip
<b>President</b>	<b>RICHARD M. ROMAN</b>	<b>508 Westbrook Ave</b>	<b>Brandon, FL 33511</b>

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:  **9-13-06** **813-376-3838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# **Roman Financial, Inc.**

## **Insurance and Financial Services**

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Richard M. Roman, President  
P. O. Box 522  
Valrico, FL 33595-0522  
Phone: 813-376-3838  
Fax: 352-683-7246  
E-mail: romandear@yahoo.com

September 13, 2006

Department of State  
Division of Corporations - Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Reinstatement of Roman Financial, Inc.

To Whom It May Concern:

Attached please find the Corporation Reinstatement form along with a check for \$1,050.00. This represents the Annual Report Fees and Corporate Supplemental Fees for the years 2000 through 2006.

We moved our corporate office in late 1999 and never received the Annual Report Notice in 2000. Please waive the reinstatement fee and accept the reinstatement of this corporation.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Roman', with a long horizontal line extending to the right.

Richard M. Roman