

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # LO2000023624

1. Limited Liability Company's Name

Royale Development Investors, LLC

2. Principal Office Address

18101 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

18101 Collins Avenue

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

09/11/2002

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

8. Name and Address of Current Registered Agent

Name

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite #1001

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/6/03

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip           |
|------------|-----------------------------------|--|------------------------------|
| <u>MGR</u> | <u>Michael Dezertzov</u>          | <u>9601 Collins Avenue</u>                     | <u>Bal Harbour, FL 33154</u> |
| <u>MGR</u> | <u>Neomi Dezertzov</u>            | <u>9601 Collins Avenue</u>                     | <u>Bal Harbour, FL 33154</u> |
| <u>MGR</u> | <u>Gil Dezer</u>                  | <u>3475 NE 191<sup>st</sup> Street</u>         | <u>Aventura, FL 33180</u>    |
|            |                                   |  |                              |
|            |                                   |  |                              |

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Neomi Dezertzov

Date 11/5/03

Daytime Phone # 305 932 1000

Typed or printed name of signing Managing Member/Manager Neomi Dezertzov