

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 OCT 30 AM 4:17

TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14509
1. Corporation Name
ALHAMBRA REALTY INC.

2. Principal Office Address - No P.O. Box #
147 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
SUITE 240
City & State
CORAL GABLES, FLA
Zip
33134 Country
US

3. Mailing Office Address
147 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
SUITE 240
City & State
CORAL GABLES FLA
Zip
33134 Country
US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
1985

5. FEI Number
59 2635043 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
MARGARITA M FEBLES
Street Address (P.O. Box Number is Not Acceptable)
147 ALHAMBRA CIRCLE
Suite, Apt. #, Etc.
SUITE 240
City
CORAL GABLES State
FL Zip Code
33134

500241229755
10/26/12--01027--005 **908.75

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 [Signature] Date 10-24-12
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
PSTD	MARGARITA M FEBLES	147 ALHAMBRA CIRCLE SUITE 240	CORAL GABLES FLA 33134
		Telephone: 305-4433030	

10. E-mail Address: N/A (PLEASE MAIL)
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: [Signature] MARGARITA M FEBLES Date 10/24/12 Daytime Phone # 305-443-3030

PSTD

443-3030