

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705000065665

1. Corporation Name

Astor International Realty Inc.

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

2601 S.Bayshore Drive

Suite, Apt. #, etc.

Suite 1800

City & State

Miami, FL

Zip

33133

Country

Miami-Dade

3. Mailing Office Address

WI-11912
same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2838233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

400172790494

03/22/10--01051--007 **300.00

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name

Henry Torres

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

2601 S.Bayshore Drive

Suite, Apt. #, Etc.

Suite 1800

City

Miami, FL

State

FL

Zip Code

33133

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 3/1/2010

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
P	Jorge Noya	2601 S.Bayshore Drive, Suite 1800	Miami, FL 33133
VST	Henry Torres	2601 S.Bayshore Drive, Suite 1800	Miami, FL 33133

000171598640
03/09/10--01004--013 **758.75

REINSTATEMENT

10. E-mail Address: peter@astorcompanies.com

(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., 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.

SIGNATURE:

Henry Torres

3/1/2010

(305) 858-6911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #