

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -9 PM 2:48

DOCUMENT # P05000111196

1. Corporation Name

CAPITAL INTERNATIONAL REALTY, INC.

KS

300184168563
08/09/10--01057--008 **1050.00

REINSTATEMENT 08-10

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

660 CURTISWOOD DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

660 CURTISWOOD DRIVE

Suite, Apt. #, etc.

City & State

KEY BISCAYNE FL

City & State

KEY BISCAYNE FL

Zip

33149

Country

USA

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 10th, 2005

5. FEI Number
20-3287323

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

PATRICE M. SCEMANA

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

660 CURTISWOOD DRIVE

Suite, Apt. #, Etc.

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

PATRICE M. SCEMANA

REGISTERED AGENT MUST SIGN

Date August 5th, 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	PATRICE M. SCEMANA	660 CURTISWOOD DRIVE	KEY BISCAYNE FL 33149

10. E-mail Address: CAPITALINTER@GMAIL.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:

PATRICE M. SCEMANA

August 5th, 2010

(305 420 6611)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #