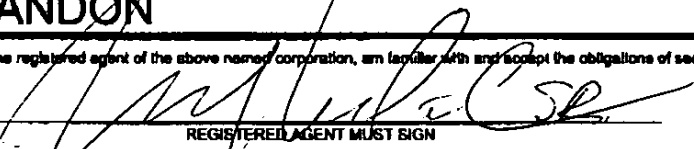
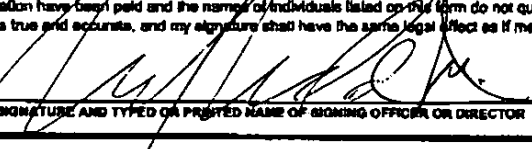


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 FEB -3 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S97099 1. Corporation Name 111 E BRANDON BLVD REALTY INC					
2. Principal Office Address 111 E BRANDON BLVD Suite, Apt. #, etc.		3. Mailing Office Address 247 E 149TH STREET Suite, Apt. #, etc.		REINSTATEMENT 03-06 CR20081 (12/05)	
City & State BRANDON FL		City & State BRONX, NY			
Zip 33511		Zip 10451			
4. Date Incorporated or Qualified To Do Business in Florida 12/02/1991					
5. FEI Number 59-3158333				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐					
7. Name and Address of Current Registered Agent Name MANUEL VIDAL SR. Street Address (P.O. Box Number is Not Acceptable) 111 E BRANDON BLVD Suite, Apt. #, Etc. BRANDON					
				State FL	
				Zip Code 33511	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent  Date 01/30/2006 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		
D	MANUEL VIDAL JR	247 E 149TH STREET	BRONX, NY 10451		
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 807 or 817, 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 807.0401 or 817.0401, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 01/30/2006 Daytime Phone #	