PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE And the second s CORPORATION Secretary of State REINSTATEMENT 10 APR 30 PM 4:29 DIVISION OF CORPORATIONS SECLA MATE OF STATE TALLAMASSIE FLORIDA 822 DOCUMENT # Corporation Name Realty & Nevelop Universal 300179438549 /30/10--01046--012 **750.00 Principal Office Address - No P.O. Box Mailing Office Addre TEMENTO 06-10 Suite, Apt. #, etc. Suite. Apt. #, etc 602 4. Date Incorporated or Qualified To Do Business in Florida City & State City & Sta 5. FEI Number Applied For 33132 Not Applicable Zid Country Country 6. \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED US US for a Certificate of Status 7. Name and Address of Current Registered Agent PROFIT CORPORATIONS ONLY Name The \$600.00 reinstatement fee is imposed, C JARL 5 4011 except in circumstances which the entity did Street Address (P.O. Box Number is Not Accepted not receive the prior notices. By checking 1602_ this box, you are certifying the prior Suite, Apt. #, Etc. notices were not received and requesting the reinstatement fee be waived. City State Zip Code 3313 FL 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Dilectors Street Address of Each Officer and/or Director Titles City / State / Zip GIDOUR Z Mani ... 10. E-mail Address: (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 cearry, the information indicated on this application is true and accurate, and my signature shall have the same legal effect fees owed by the corporation-bave been paid liuthe as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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