PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 NOV 29 PM 4: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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1. Corporation Name

ROYAL TEF	RRACE CONDOMI	NIUM APTS., INC.			
1722 Mayo 1724 Adam				REINSTATEME	NT 03-09
2. Principal Office Address 1722 Mayo Street		3. Mailing Office Address 1724 Adams Street		02/10/03 9017	43 008 46/2
Suite, Apt. #, etc.	titure of the same	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 02/09/65	
City & State Hollywood,	FL	City & State Hollywood, FL		5. FEI Number 592388190	Applied For Not Applicable
^{Zip} 33020	Country	Zip 33020	Country USA	6. CERTIFICATE OF STATUS DESIRED ✓	60.75
		7. Name	e and Address of Current	Registered Agent	
E No					

^{Name} Karen B. Schapira		
Street Address (P.O. Box Number is Not Acceptable) 7420 NW 5th Street		
Suite, Apt. #, Etc. Suite 110		
City Plantation	State FL	Zip Code 33317
and the distance agent of the phase comed accountion are familiar with and	assess the obligations of section COT OF	05 at 047 0500 E C

Date _ 11/22/04 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 Directors Street Address of Each Officer and/or Director City / State / Zip PRES-RANDAL MAUK ~ -1724-Adams Street、-Hollywood, FL 33020_ S 501 East Dania Beach Blvd. Dania, FL 33004 MARIA PEREZ D 501 East Dania Beach Blvd. Dania, FL 33004 JUAN PALACIO 1722 Mayo Street, #208 Hollywood, FL 33020 D ARAYA, MANNY D FORAY, JAMES Hollywood, FL 33020 1722 Mayo Street, # 207 000043044650 11/29/04--01061--013 **17 **175.00

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 607 or 617, F.S. I further certify that when filling 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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