


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95583 1. Corporation Name ROYAL OVERSEAS CORP.			
2. Principal Office Address 5457 N.W. 72 AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 5457 N.W. 72 AVENUE Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33166	Country U.S.A.	Zip 33166 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 08/19/1982		REINSTATEMENT 95067 CR2E081 (12/05) <i>[Signature]</i>	
5. FEI Number 592216535		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name DIAZ, YOLANDA R.			
Street Address (P.O. Box Number is Not Acceptable) 5457 NW 72 AVENUE			
Suite, Apt. #, Etc.			
City MIAMI		State FL Zip Code 33166	
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 <i>[Signature]</i> YOLANDA R. DIAZ Date 12/12/06 <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>			
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
PTDS	DIAZ, YOLANDA R.	5457 N.W. 72 AVENUE	MIAMI, FLORIDA 33166
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 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 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: <i>[Signature]</i> YOLANDA R. DIAZ Date 12/12/06 305-888-2044 <div style="text-align: center; font-size: x-small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</div>			