

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:18

DOCUMENT # L02000023624

1. Limited Liability Company's Name

Royale Development Investors, LLC

2. Principal Office Address

18101 Collins Avenue

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

3. Mailing Office Address

18101 Collins Avenue

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/11/2002

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite #1001

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/6/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael Dezertsov	9601 Collins Avenue	Bal Harbour, FL 33154
MGR	Neomi Dezertsov	9601 Collins Avenue	Bal Harbour, FL 33154
MGR	Gil Dezer	3475 NE 191 st Street	Aventura, FL 33180

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Neomi Dezertsov

Date 11/5/03

Daytime Phone # 305 932 1000

Typed or printed name of signing Managing Member/Manager

Neomi Dezertsov

CR2E041 (10/02)