


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 20 AM 9:46

DOCUMENT # L05000038114 1. Entity Name ROYAL PALM PLAZA INVESTMENTS, L.L.C.	
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Principal Place of Business 161-04 84TH STREET HOWARD BEACH, NY 11414	Mailing Address 161-04 84TH STREET HOWARD BEACH, NY 11414
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2. Principal Place of Business - No P.O. Box # <i>111 N. POMPANO BEACH BLVD</i>	3. Mailing Address <i>111 N. POMPANO BEACH BLVD</i>
Suite, Apt. #, etc. <i>503</i>	Suite, Apt. #, etc. <i>503</i>

City & State <i>POMPANO BEACH, FL</i>	City & State <i>POMPANO BEACH, FL</i>
Zip <i>33062</i>	Zip <i>33062</i>
Country <i>U.S.</i>	Country <i>U.S.</i>



09172007 REIN-LLC CR2E101 (1/07)

4. FEI Number 87-0743873	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FEINBERG, JEFFREY ESQ. FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BOULEVARD, SUITE 350-N HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name <i>PIETRO RUSSO</i> Street Address (P.O. Box Number is Not Acceptable) <i>111 N. POMPANO BEACH BLVD #503</i> City <i>POMPANO BEACH</i> FL Zip Code <i>33062</i>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pietro Russo* *PIETRO RUSSO* *PRESIDENT* 9-17-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, PIETRO MGM	NAME	
STREET ADDRESS	161-04 84TH SREET	STREET ADDRESS	<i>111 N. POMPANO BEACH BLVD #503</i>
CITY-ST-ZIP	HOWARD BEACH, NY 11414	CITY-ST-ZIP	<i>POMPANO BEACH, FL 33062</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>VICE-PRESIDENT</i>
STREET ADDRESS		STREET ADDRESS	<i>111 N. POMPANO BEACH BLVD #503</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>POMPANO BEACH, FL 33062</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	800109716148
STREET ADDRESS		STREET ADDRESS	09/20/07--01060--002 **50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	REINSTATEMENT
STREET ADDRESS		STREET ADDRESS	<i>W/O</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2007</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	BLI
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Pietro Russo* *PIETRO RUSSO* 9-17-07 917-838-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #