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From:
Account Name : BERGER SINGERMAN - FORT LAUDERDALE
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LIMITED LIABILITY REINSTATEMENT

RECEIVED
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TALLAHASSEE, FLORIDA

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ROYAL VILLAGE VENTURES LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L05000095839

1. Limited Liability Company's Name

Royal Village Ventures LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
189-11 Jamaica Ave.	189-11 Jamaica Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollis, NY	City & State: Hollis, NY
Zip: 11423 Country:	Zip: 11423 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 9/29/2005

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: BSPA Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 350 E. Las Olas Blvd.

Suite, Apt. #, Etc.: Suite 1000

City: Ft. Lauderdale State: FL Zip Code: 33301

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Yehuda Cohen	189-11 Jamaica Ave.	Hollis, NY 11423
MGRM	Yosi Cohen	189-11 Jamaica Ave.	Hollis, NY 11423

REINSTATEMENT 2006-2007

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 608.508, 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: [signature] Date: 11/3-12-2 Daytime Phone #: 718 454 2555

Typed or printed name of signing Managing Member/Manager: Yosi Cohen

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