


2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
|-----------------------------------|--|---|
| DOCUMENT # P00000100795 | |  |
| 1. Entity Name REALTY CC, INC. | | |

FILED

07 NOV 19 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 180 NORTH EAST 39 STREET #106 MIAMI, FL 33137 | Mailing Address 180 NORTH EAST 39 STREET #106 MIAMI, FL 33137 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 2144 NE SECOND AVE | 3. Mailing Address 2144 NE SECOND AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------|--------------|
| City & State MIAMI FL | City & State |
|---------------------------------|--------------|

| | | | |
|---------------------|---------|---------------------|---------|
| Zip 33137 | Country | Zip 33137 | Country |
|---------------------|---------|---------------------|---------|



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|---|--|
| 6. Name and Address of Current Registered Agent ABAD, MAYLENE ESQ. 3191 CORAL WAY SUITE 114 MIAMI, FL 33145 | |
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| 4. FEI Number 65-1115225 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--------------------------------|---|-------------|
| TITLE PD | NAME CIANI, FRANCESCO | TITLE | NAME |
| STREET ADDRESS 180 NORTH EAST 39 STREET #106 | CITY-ST-ZIP MIAMI, FL 33137 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE V | NAME CAPPELLI, ROBERTO | TITLE | NAME |
| STREET ADDRESS 180 NORTH EAST 39 STREET #106 | CITY-ST-ZIP MIAMI, FL 33137 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE V | NAME CIANI, ENRICO | TITLE | NAME |
| STREET ADDRESS 180 NORTH EAST 39 STREET #106 | CITY-ST-ZIP MIAMI, FL 33137 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE ST | NAME CAPPELLI, ANTONIO | TITLE | NAME |
| STREET ADDRESS 180 NORTH EAST 39 STREET #106 | CITY-ST-ZIP MIAMI, FL 33137 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |

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11/19/07--01054--002 **150.00

Handwritten signature and date: 11/27

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|--|-----------------------|
| SIGNATURE: <i>Antonio Capelli</i> | 10/30/07 305-572-0990 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |