PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAY -7 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 0403 WBC

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000020904

1. Corporation Name
Orange Royale, Inc.
3416 S. Federal Highway
Delray Beach, FL 33483

2. Principal Office Address	3. Mailing Office Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/26/2001

5. FEI Number: 65-1083481 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Felix Collado

Street Address (P.O. Box Number is Not Acceptable): 7826 NW 60th Lane

400018460194
05/07/03 01088-013 **300.00

Suite, Apt. #, Etc.:

City: Parkland | State: FL | Zip Code: 33067

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 X _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Felix B. Collado	7826 NW 60 Lane	Parkland, FL 33067
VP	Milady Collado	7826 NW 60 Lane	Parkland, FL 33067

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 under section 119.07(3)(i), 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: X Milady Collado 4/22/03 561 276-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/28/03

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Justin Shivers

Dear Sir,

As per our telephone Conversation today in regard to request renewal on my Corporation. Please I'm requesting that the penalty fee be waived. I sincerely ~~don't~~ did not know about the requirement by law to ~~renal~~ renewal a Corporation was necessary. I'm new here in Florida from N.Y. Did have a Coeporation in N.Y but there is not such requirement there as far I am Concern. I did not receive any correspondence requesting such renewal from your Department. Please, take this situation, in Consideration and Waive the Renewal fee. I.S. I was made award By Bank involved in trying to Refinance

Yours truly,

Wanda Collado