PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY -2 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078014

02

1. Corporation Name
OMEGA ROYAL INVESTMENT
Omega Royal Investment INC.

2. Principal Office Address
550 N.W. 123ST
Suite, Apt. #, etc.
City & State: Miami
Zip: 33168 Country: FL

3. Mailing Office Address
550 NW. 123st
Suite, Apt. #, etc
City & State: Miami
Zip: 33168 Country: FL.

4. Date Incorporated or Qualified To Do Business in Florida: 8-2001

5. FEI Number: 65-1128506 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Fee (Add $30.00 Fee for all certificate of Status)

7. Name and Address of Current Registered Agent
Name: Michelle Lambert
Street Address (P.O. Box Number is Not Acceptable): 550 N.W. 123st
Suite, Apt. #, Etc.
City: Miami FL 33168. State: FL Zip Code: 33168

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****150.00 ****50.00

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: Michelle Lambert
REGISTERED AGENT MUST SIGN
Date: 4-30-2002

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	Michelle LAMBERT	550 NW. 123st	Miami FL33168
P.	Richardo Merchand	550 NW. 123st	Miami FL33168

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: Michelle Lambert — 4-30-02 — 305 219-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date