PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

03 OCT -2 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P01000107407

500024253585
10/29/03--01021--021 **750.00
500024253585
10/29/03--01021--020 **8.75

**REINSTATEMENT 2003**

1. Corporation Name
Royalty Investment Group, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 13200 SW 128 St | Same |
| Suite, Apt. #, etc.: # B-2 | Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State |
| Zip: 33186 Country: Dade | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 11/7/01

5. FEI Number: 352167264 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Elizabeth Fernandez - Negron
Street Address (P.O. Box Number is Not Acceptable): 13200 SW 128 St
Suite, Apt. #, Etc.: B-2
City: Miami State: FL Zip Code: 33186

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: [signature] Date: 9/30/03
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| PD | Elizabeth Fernandez - Negron | 13200 SW 128 St #B2 | Miami, FL 33186 |
| VP-D | Marcelino Suarez | 13200 SW 128 St #B2 | Miami, FL 33186 |
| | | | |
| | | | |
| | | | |
| | | | |

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: [signature] 9/30/03 305-234-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #