

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 JUL 12 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000627

1. Corporation Name

EMPIRE INTERNATIONAL GROUP.
INC.

2. Principal Office Address

556 B ROAD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

Zip 33470

Country

3. Mailing Office Address

556 B ROAD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip 33470

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

LAVALLE, BROWN, RONAN & MULVINS P.A.

Street Address (P.O. Box Number is Not Acceptable)

750 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

REGISTERED AGENT MUST SIGN

JEFF BROWN

Date 7/14/06

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
CEO	SETH S. BRIER	556 B ROAD	LOXAHATCHEE, FL 33470
P	BRENT K. DELANCY	556 B ROAD	LOXAHATCHEE FL 33470

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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SETH S. BRIER

Date

Daytime Phone #

954-553-1540



JUL 17 06 01:34p

ROYAL CASTLE

561-784-8101

p.1

(859)-245-6017

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DEP. OF STATE
(CORPORATIONS)

ATTN: TYRONE SCOTT

I AM FAXING YOU EMPIRE INT'L GRO
EMPIRE DESIGN INT'L CORP FOR
REINSTATEMENT AND ROYAL CASTLE
TREE SERVICES AS A NEW CORPORATION
ALSO, ROYAL CASTLE BUILDERS +
DEVELOPERS INC ANNUAL REPORT
CORRECTED + SIGNED INFORMATION
THAT YOU REQUESTED IS INCLUDED AS
WELL. PLEASE UPDATE ONLINE TODAY.
IF POSSIBLE, AND I WILL BE RECEIVING
THE ORIGINALS TO FEDEX TO YOU NO
LATER THAN FRIDAY. YOU'VE ALREADY
RECEIVED ALL REQUIRED FEES. PLEASE
CALL IF YOU HAVE ANY QUESTIONS.

561-543-5688 Amy

THANK YOU!