PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 AUG 17 AM 8: 19					
DOCUMEN 1. Corporation Name	T# F	202000119	3679	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
ROYAL PA	ALM .	APARTME	ENT BUILDIN	Į.	REINSTATEMENT03- 400159651934 08/17/0901071019 **1650.00 cr2E081 (12/08)				
2. Principal Office Add			<u> </u>	3. Mailing Office Address 5757 COLLINS AVENUE					
Suite, Apt. #, etc. 1703			Suite, Apt. #, etc. 1703	· •			orated or Qualified ness in Florida 11-07-	-02	
City & State MIAMI BEACH,	FLORI	IDA	City & State MIAMI BEACH, F	City & State MIAMI BEACH, FLORIDA			55-0805701 Applied For Not Applicable		
^{Zip} 33140	Country 3140 USA		^{Zip} 33140	Countr	·	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status		
Name JESUS R. FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 5757 COLLINS AVENUE Suite, Apt. #, Etc. 1703 City State Zip Code						☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
MIAMI BEACH 8. I, being appointed t Signature of Registered Agent	$\overline{}$	Mus 1	ye named forgration, am I	biligations of section 607.0505 or 617.0593, F.St.					
9. Names and Street	Addresse) 	d/g Director (Florida nonpro		rations must list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / Sta	ate / Zip	
PRES JESUS	S JESUS R. FERNANDEZ				NS AVENUE #	1703	MIAMI BEACH, FL 33140		
VP JESUS	J. FER	RNANDEZ	5757 C	5757 COLLINS AVENUE #1703			MIAMI BEACH, FL	. 33140	
SEC MARIA	MARIA FERNANDEZ			5757 COLLINS AVENUE #1703			MIAMI BEACH, FL	33140	
,								208/20	
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 small have the same legal effect as if made under path. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									