

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL 8 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123882

1. Corporation Name

ROSY REAL ESTATE INVESTMENT INC.

800057339958  
07/12/05--01018--014 \*\*1058.75

03-05  
J. Roberts JUL 08 2005

2. Principal Office Address

520 Brickell Key Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 0-305

Suite, Apt. #, etc.

Same

City & State

Miami, Florida

City & State

Same

Zip

33131

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/02

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

Transglobal Corporate Administration

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

520 Brickell Key Drive #0-305

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33131

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]*  
REGISTERED AGENT MUST SIGN

Date

7/6/05

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
D	Mircoli Aquila Giuseppe	520 Brickell Key Drive, Ste 0-305	Miami, FL 33131
AS	Nicholas Stanham	520 Brickell Key Drive Suite 0-305	Miami, FL 33131

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Assistant Sec.

Date

7/6/05

Daytime Phone #

305 374 3800

CR2E081 (01/05)