

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 NOV -8 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000092545**

**1. Corporation Name**

Real Investment USA, Corp.

11600 S.W. 43rd Terrace

Same as Principal Office Address

**2. Principal Office Address**

11600 S.W. 43rd Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

**3. Mailing Office Address**

Same as Principal Office Address

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified**

To Do Business in Florida 9/22/03

**5. FEI Number**

83-0368677

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

Jose A. Hernandez

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

11600 S.W. 43rd Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

**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

Date

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
P	Jose A. Hernandez	11600 SW 43 Terrace	Miami, FL 33165
V	Daisy Hernandez	11600 SW 43 Terrace	Miami, FL 33165

**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

Date

Daytime Phone #

305-551-0882

PS 2 92

**LAW OFFICES OF  
ADDIE ALBAREDA, P.A.**

**Mailing Address:  
12585 N.E. 7<sup>th</sup> Avenue  
North Miami, Florida 33161**

Adelaida A. Albareda  
C. Carolina Maluje

Phone: (305) 981-1788  
Fax: (954) 343-8841  
Email: [amlawoffice@bellsouth.net](mailto:amlawoffice@bellsouth.net)

October 20, 2004

**South Miami**  
330 S.W. 27<sup>th</sup> Avenue  
Miami, FL 33161

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Real Investment USA, Group  
Document No: P03000092545

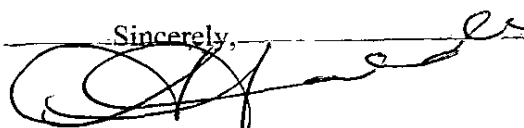
Dear Sir/Madam:

Pursuant to my telephone conversation with your department, attached please find a Corporation Reinstatement application, as well as a check in the amount of \$150.00 representing annual report and corporate supplemental fees.

My client was made aware of the dissolution via the Internet and did not receive a notice from your office to that effect. Therefore, pursuant to your instructions, we are hereby requesting the \$600 reinstatement fee be waived.

If you have any questions, or need additional information, please do not hesitate to contact me.

Sincerely,



Adelaida Albareda

Encls.