


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000078420		
1. Entity Name ROYALTON PROPERTIES, INC.		

Principal Place of Business 1825 PONCE DE LEON BLVD. #354 CORAL GABLES, FL 33134	Mailing Address 1825 PONCE DE LEON BLVD. #354 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092007 REIN-P CR2E098 (1/07)

4. FEI Number APPLIED FOR 06-1776506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
TERCILLA, JOSE A 11 SEVILLA AVE. CORAL GABLES, FL 33134	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	TERCILLA, JOSE A
STREET ADDRESS	1825 PONCE DE LEON BLVD. #354
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	TERCILLA, FERNANDO
STREET ADDRESS	1825 PONCE DE LEON BLVD. #354
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	TERCILLA, JOSE R
STREET ADDRESS	1825 PONCE DE LEON BLVD. #354
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600095999075
STREET ADDRESS	04/06/07--01039--023 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT 06-07
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	05/02/06 90429 009-4150.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose A. Tercilla Jose A. Tercilla 3-12-07 305-448-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #