

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10PZ

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 30 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000090250

1. Corporation Name

Troy International Properties, Inc.

2. Principal Office Address

8345 NW 66 street
Suite, Apt. #, etc.
#953

City & State

Miami Florida

Zip

33166

Country

~~USA~~ USA

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
05-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEL Number

20-2747718

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

Juan Vicente Urdaneta

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

2655 Lejeune Road

Suite, Apt. #, Etc.

Suite 507

City

Coral Gables, FL

State

FL

Zip Code

33134

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

4/21/08

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	Ivan A. Camacho	8345 NW 66 Street #953	Miami, FL 33166

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]

Date

04/22/08

Daytime Phone #

305 228 1319

CR2E081 (01/04)

20f2

Coral Gables, Florida, April 21, 2008

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

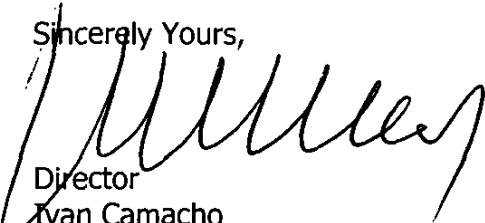
Re: Troy International Properties, Inc.

Dear Sir or Madam:

Please be advised that we did not receive our annual report for the years 2005, 2006, 2007 and 2008.

Please reinstate the above mentioned Corporation our new address is: 2655 LeJeune Road, Suite 507 Coral Gables, Florida, 33134.

Sincerely Yours,



Director
Ivan Camacho