


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY -3 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000018360

1. Corporation Name

REM CAPITAL REALTY, CORP

WI-19275

2. Principal Office Address - No P.O. Box #
9031 PEMBROKE ROAD

3. Mailing Office Address
9031 PEMBROKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PIENS, FL

Zip Country
33025 US

Zip Country
33025 US

200176537242
04/20/10--01020--008 **450.00
REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 02/09/2007

5. FEI Number 20-8461192 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
HALS BLANC

Street Address (P.O. Box Number is Not Acceptable)
9031 PEMBROKE ROAD

Suite, Apt. #, Etc.

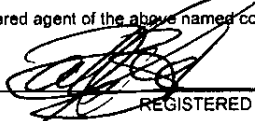
City
PEMBROKE PINES

State Zip Code
FL 33025

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.

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



REGISTERED AGENT MUST SIGN

Date 04-14-2010

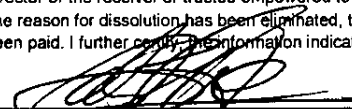
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST/D	HALS BLANC	4953 S.W. 158th WAY	MIRAMAR, FL 33025

10. E-mail Address: HBINVESTMENT007@gmail.com
(To be used for future annual report notification)

11. 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. I further certify 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 04-14-2010

Daytime Phone #

5/4