PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUN -5 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21253

1. Corporation Name
DANIEL ROY REALTY INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
858 CAMBRIDGE RD	PO BOX 653625
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVERVALE NJ	City & State: MIAMI FL
Zip: 07675 Country: USA	Zip: 33265 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 222914059 ☐ 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: PETER ABREU
Street Address (P.O. Box Number is Not Acceptable): 122 SE 21ST AVE
Suite, Apt. #, Etc.:
City: CAPE CORAL State: FL Zip Code: 33990

REINSTATEMENT
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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: Peter Abreu Date: 6-1-2013
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
PO	IFRAIN FALCON	858 CAMBRIDGE RD	RIVERVALLE NJ 07675
VS	ADREA FALCON	858 CAMBRIDGE RD	RIVERVALLE NJ 07675
MD	PETER P ABREU	122 SE 21ST AVE	CAPECORAL FL 33990

10. E-mail Address: peteabreu@yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Peter Abreu PETER ABREU 6-1-13 786-468-3476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #