FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 09 SEP 29 PM 5:06

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000009912

1. Corporation Name

Kendall Royale, Inc.

W09-42240

500160884405
09/29/09--01034--010 **300.00

500160884405
09/21/09--01046--010 **750.00

REINSTATEMENT 07-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
6501 SW 139TH STREET	117 EGYPT FARMS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: OWINGS MILLS, MD
Zip: 33140 Country: DADE	Zip: 21117-5043 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/09/1993

5. FEI Number: 650388956 ☐ 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: NORMAN LEVINE, CPA

Street Address (P.O. Box Number is Not Acceptable): 901 NE 125TH STREET

Suite, Apt. #, Etc.:

City: N. MIAMI State: FL Zip Code: 33161

☐ 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 _____ Date 9/12/09

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
PSD	ALLEN FISHBEIN	190 ROSE HILL AVENUE	NEW ROCHELLE, NY 10804
VP	MONA SOLOMON	117 EGYPT FARMS RD	OWINGS MILLS, MD 21117-5043

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 contained in Chapter 119, 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: _____ ALLEN FISHBEIN,PSD 9/12/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/29 aw