

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075915

1. Corporation Name

ROYAL SHINE LTD, INC.

959 EAST 23 STREET
959 EAST 23 STREET

2. Principal Office Address

959 EAST 23 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

959 EAST 23 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33013

Country

Zip

33013

Country

FILED
04 AUG -9 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600040019666
08/09/04--01077--010 **1350.00

**4. Date Incorporated or Qualified
To Do Business in Florida 11/03/1993**

5. FEI Number
65-0446533

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

MARTHA G. PICHARDO

Street Address (P.O. Box Number is Not Acceptable)
973 EAST 23 STREET

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33013

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

Martha G. Pichardo

REGISTERED AGENT MUST SIGN

Date 7/30/2004

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
PD	MARTHA G. PICHARDO	973 EAST 23 STREET	HIALEAH, FL 33013

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:

Martha G. Pichardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/2004

Date

786 423 6759

Daytime Phone #

CR2E081 (01/04)