2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000094156

10175 COLLINS AVE.

BAL HARBOUR, FL 33180

Address:

City-St-Zip:

Entity Name: ALROY, INC

FILED Jun 18, 2007 Secretary of State

	MEN ALICOT, II	10 .			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
11 ALSTO PALM BEA	N ROAD ACH GARDEN:	S, FL 33418			
Current M	lailing Addres	s:	New Mailing Address:		
11 ALSTO PALM BEA	N ROAD ACH GARDEN:	S, FL 33418			
FEI Number:	: 65-0647281	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FISCH, RALPH 11 ALSTON ROAD PALM BEACH GARDENS, FL 33418 US			MISHAAN, ALLAN R 11 ALSTON ROAD PALM BEACH GARDE	•	
The above in the State	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ALLAN ROY MISHAAN				06/18/2007	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRES () MISHAAN, ALLA 2315 NW 59TH BOCA RATON,	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SEC () MISHAAN, ALBI 1490 COMMOD HOLLYWOOD,	ORE WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TRES () MISHAAN, SALO	Delete DMON	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ALLAN ROY MISHAAN PRES 06/18/2007