## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRE JACK OF TABLE TALLAHASSEE, FLORIDA  1. Corporation Name  M. VANINI INVESTMENTS, INC.  2. Principal Office Address - No P.O. Box # 891 HARBOR DRIVE  3. Mailing Office Address 3191 CORAL WAY 3191 CORAL WAY 3191 CORAL WAY 320 City & State KEY BISCAYNE, FLORIDA  MIAMI, FL  20 Country 20 33145 US 33146 US 33146 US 33146 US 33146 US 33146 US 33147  The reinstatement fee is imposed, except in circumstances which the entity obtained of states the prior notices by checking this box, you are certifying the prior motices were not received and requesting the reinstatement fee be waited.  3. Maintry Office Address 33145 US 33146 US 33147 US 33146 US	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED 09 OCT 23 AM IO: 28	
2. Principal Office Address - No P.O. Box # 891 HARBOR DRIVE 3191 CORAL WAY  Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 403 City & State KEY BISCAYNE, FLORIDA MIAMI, FL  Zo To Country Sa149  To Country Sa149  To Name and Address of Current Registered Agent  Name REALTY TECHNOLOGY, LLC Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY  Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Address of Current Registered Agent  Name REALTY TECHNOLOGY, LLC Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY  Suite, Apt. #, etc. Suite, Apt.							SECRETARCE GESTATE TALLAHASSEE, FLORIDA	
Suite, Apt. #, etc.  Suite 403  City & State  KEY BISCAYNE, FLORIDA  MIAMI, FL  Zip  Zip  Zip  Zip  Zin Suite  Will  Zip  Zip  Zip  Zip  Zin Suite  Will  Zip  Zip  Zip  Zip  Zip  Zin Suite  Will  Zip  Zip  Zip  Zip  Zip  Zip  Zip		M. VAN	NINI INVESTMENTS,	INC.		46		
Sulfa, Apt. 8, etc.  Sulfa 40. Date Incorporated or Qualified To Do Business in Fiolds  City & State  KEY BISCAYNE, FLORIDA  MIAMI FL  Zip Country 33145  VS  7. Name and Address of Current Registered Agent  VS  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. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee by walved.  By state of Registered Agent  Registered Agent  Registered Agent  REALTY TECHNOLOGY, LLC  Street Address of Each Officer and or of the above named corporation further with and accept the colligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Registered Agent  REALTY TECHNOLOGY, CLC  Street Address of Each Officer and and or Director (Florida nonprofit corporations must list at least 3 directors)  Date 10/19/2009  PARKER, GENARO D  891 HARBOR DR  MIAMI, FL 33149  D CASTRO, FEDERICO  891 HARBOR DR  MIAMI, FL 33149  10/2/09-01/09-00/09-	1					REMS		
City & State   MIAMI   FI   S. FEI Number 621655641   Applied For   Not Applicable   S. FEI Number 621655641   Applied For   Not Applicable   S. FEI Number 621655641   Not Applicable   S. FEI Number 62165641   Not Applicab						4. Date Incorpo	orated or Qualified	NOP
Sale	'			l ' .			5. FEI Number Applied For Applied For	
Name REALTY TECHNOLOGY, LLC    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.    State   Zip Code   FL   33145	1		'	•	6. CERTIFICATE	OF STATUS DESIRED  \$8.75 Additional Fee required		
REALTY TECHNOLOGY, LLC  Street Address (P.O. Box Number is Not Acceptable)  3191 CORAL WAY  Sulte, Apt. #. Etc.  SUITE 403  Sulte, Apt. #. Etc.  SUITE 403  Signature of Registered Agent  REGISTERED NETUTUST SIGN  PARKER, GENARO D  B91 HARBOR DR  MIAMI, FL 33149  D  CASTRO, FEDERICO  891 HARBOR DR  MIAMI, FL 33149  10/2U/0901/008009 ***308.75  In 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.  B1			7. Name and Address of	Current Registered Age	ent			
Street Address of Each Officer and/or Directors  Date 10/19/2009  REGISTERED AGENTAURUST SIGN  PARKER, GENARO D  B91 HARBOR DR  MIAMI, FL 33149  10/20/99-01/008-0079 ##308.75  10/20/99-01/008-0079 ##308.75  10/20/99-01/008-0079 ##308.75	REALTY TECHNOLOGY, LLC							
Sulf Edos  City MIAMI  8. I, being appointed the registered agent of the above named corporation and familiar with and accept the obligations of section 607 0505 or 617,0503, F.S.  Signature of Registered Agent  REGISTERED MEND JUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Name of Officers and/or Directors	Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY					the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
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Signature of Registered Agent  REGISTERED MENIAUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Description of Parker, Genaro D  REGISTERED MENIAUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  City / State / Zip -2x² / City / Ci	City MIAMI				State Zip Code		waived.	
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or	9 Nomes	and Street A				east 3 directors)		
D VANINI, MARCELA  891 HARBOR DR  MIAMI, FL 33149  CASTRO, FEDERICO  891 HARBOR DR  MIAMI, FL 33149  10720/09—01008—009 ***308.75  10720/09—01008—009 ***308.75		Name of		and Director (Fronta Hong	Street Address of Each		City / State / Zip ನ್ಯ್	
D CASTRO, FEDERICO  891 HARBOR DR  MIAMI, FL 33149  10/20/09-01008-009 **308.75  10/20/09-01008-009 **308.75	D	PARKER, GENARO D		891 H	891 HARBOR DR		MIAMI, FL 33149	
10/20/09 01008 009 **303.75  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 filling 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.	D	VANINI, MARCELA		891 H	891 HARBOR DR		MIAMI, FL 33149	
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SIGNATURE:	this rei owed t on this	instatement apply the corporal application is	oplication, the reason for diss ition have been paid and the	solution has been eliminat names of individuals liste signature shall have the sa	ed, the corporate name satisfie d on this form do not qualify for ame legal effect as if made und	es the requirements r an exemption con ler oath.	s of section 607.0401 or 617.0401, F.S., that all fees stained in Chapter 119, F.S. The information indicated	

Daytime Phone #

Date

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR