(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 14 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063368

1. Corporation Name

ROYAL PRESTIGE MIAMI SUNRISE, INC.

Principal Place of Business	Mailing Address
215 SW 17 AVE 216A MIAMI FL 33135 US	PO BOX 35-1946 MIAMI FL 33135 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1620 SW. 4TH ST.	
Suite, Apt. #, etc.: STE # 2	Suite, Apt. #, etc.
City & State: Miami FLORIDA	City & State
Zip: 33135 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/29/1996 SP

5. FEI Number: 65-0683994 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	GARCIA, ANA R	1620 SW 4TH ST STE # 2	MIAMI FL 33135

8. Name and Address of Current Registered Agent

GARCIA, ANA R
215 SW 17 AVE
SUITE 216A
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name: ANA R GARCIA
Street Address (P.O. Box Number is Not Acceptable): 1620 SW 4TH ST
Suite, Apt. #, Etc.: STE # 2
City: Miami State: FL Zip Code: 33135

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X Ana R Garcia REGISTERED AGENT MUST SIGN
Date: 10/13/99

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., 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: X Ana R Garcia
SIGNATURE AND NAME OF PRESIDENT OR OTHER OFFICER OR DIRECTOR
Date: 10/13/99
Daytime Phone #: 305-

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(2)

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
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From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ROYAL PRESTIGE MIAMI SUNRISE, INC.

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