## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED 01 JUL 19 PM 2:52
DOCUMENT # P 96000/03934 (1) 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Rosorts Intern	ational Realty, Irs.	
2. Principal Office Address	3. Mailing Office Address	
3459 So. Bayshore.D Suite, Apt. #, etc.	Suite, Apt. #, etc.	
		4. Date Incorporated or Qualified To Do Business in Florida  12/30/96
City & State Miami, FL	City & State	5. FEI Number Applied For
Zip Country 33133 U.S.A	Zip Country	6. CERTIFICATE OF STATUS OF SIDER OF \$8.75 Additional Fee required
35135 NOP		for a Certificate of Status
7. Name and Address of Current Registered Agent  Name  Mario F. Redriguez  Street Address (P.O. Box Number is Not Acceptable)  30004499393  -07/26/0101007007  3459 So. Bayshore Dr. ***1358.75 ****1358.75  Suite, Apt. #, Etc.  City  Miami  State Zip Code FL 33/33		
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 REGISTERED AGENT MUST SIGNATURE.		
Name of	d/or Director (Florida nonprofit corporations must list at le Street Address of Each	· · · · · · · · · · · · · · · · · · ·
Titles Name of Officers and/or Directors		
D. Pros. Mario F. Rodriguez 2459 Sa Bayshore D. Miami, FL 35135 D. Sety Joseph B. Rodriguez 8510 SW 43 St. Miami, FL 33155		
D. Secry Joseph B. Rodi	iguez 85/0 SW 43.	St. Miami, FL 33155
	PERSTATER	ENT 99-0 kg
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR		
SIGNATURE AND TYPED OR PRI	INTED NAME OF SIGNING OFFICER OF DIRECTOR	Dete Daytime Phone #