

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 10:39

DOCUMENT # P99000096301
1. Corporation Name
del Real Capital Management, Inc.

000109562900
09/18/07--01014--020 **1200.00

2. Principal Office Address - No P.O. Box #
1091 NE 37th St.

3. Mailing Office Address
9850 SANDALFOOT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#133

City & State
Ft. Lauderdale, FL

City & State
BOCA RATON, FL

Zip 33334 Country US

Zip 33428 Country US

4. Date Incorporated or Qualified To Do Business in Florida 11/2/1999

5. FEI Number 65-0958559 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 RICARDO E del Real Jr.
Street Address (P.O. Box Number is Not Acceptable)
9850 SANDALFOOT BLVD #133
Suite, Apt. #, Etc. #133
City BOCA RATON State FL Zip Code 33428

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.

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 Ricardo E del Real Jr. Date 9/12/07
REGISTERED AGENT MUST SIGN

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
<u>Pres</u> <u>P/D/T</u>	<u>RICARDO E del Real</u>	<u>9850 SANDALFOOT BLVD #133</u>	<u>BOCA RATON, FL 33428</u>

REINSTATEMENT 00-02

B 9/19/07

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 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.

SIGNATURE: Ricardo E del Real Jr. Date 9/12/07 786-317-8132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #