

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

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1091 NE 37th St.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33334

Country

US

3. Mailing Office Address

9850 SANDALFOOT BLVD

Suite, Apt. #, etc.

#133

City & State

BOCA RATON, FL

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

REINSTATEMENT 00-07

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/07 786-317-8132

Date

Daytime Phone #