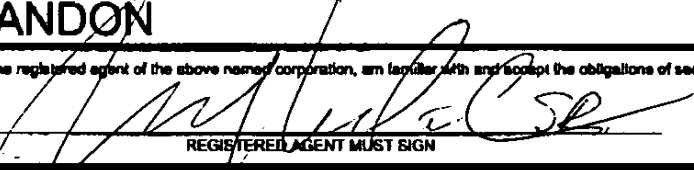
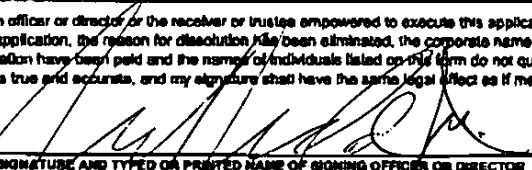


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 FEB -3 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S97099 1. Corporation Name 111 E BRANDON BLVD REALTY INC					
2. Principal Office Address 111 E BRANDON BLVD Suite, Apt. #, etc.		3. Mailing Office Address 247 E 149TH STREET Suite, Apt. #, etc.		REINSTATEMENT 03-06 CR20081 (12/05)	
City & State BRANDON		City & State BRONX, NY			
Zip 33511		Zip 10451			
State FL		State NY		4. Date Incorporated or Qualified To Do Business in Florida 12/02/1991	
				5. FEI Number 59-3158333	
				Applied For ☐ Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐	
7. Name and Address of Current Registered Agent					
Name MANUEL VIDAL SR.					
Street Address (P.O. Box Number is Not Acceptable) 111 E BRANDON BLVD					
Suite, Apt. #, Etc.					
City BRANDON					
State FL					
Zip Code 33511					
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 01/30/2006	
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		
D	MANUEL VIDAL JR	247 E 149TH STREET	BRONX, NY 10451		
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: 				Date 01/30/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	