


# 2005 FOR PROFIT CORPORATION REINSTATEMENT


|   |  |   |
|---|--|---|
| DOCUMENT # V43913                           |  |  |
| 1. Entity Name<br>ROYAL AMERICAN MILLS INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>595 E 10TH AVE<br>HIALEAH, FL 33010 | Mailing Address<br>595 E 10TH AVE<br>HIALEAH, FL 33010 |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent       |  |
| ALTER, RONALD A<br>81 NE 39 STREET<br>MIAMI, FL 33139 |  |

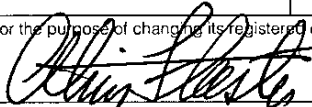
**FILED**  
05 DEC -5 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10142005 REIN-P CR2E098 (6/04)

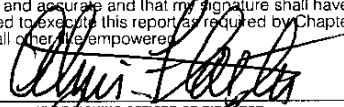
|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0349832  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

|   |          |
|---|----------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |          |
| SIGNATURE   | DATE     |
|   | 10/20/05 |

|  |  |
|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2006, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FLASTER, ALVIN                    | NAME  |   |
| STREET ADDRESS             | 271-20E GRAND CENTRAL PKWY        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | FLORAL PARK, NY 11005             | CITY-ST-ZIP   |   |
| TITLE                      | V <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FLASTER, RICHARD J                | NAME  |   |
| STREET ADDRESS             | 30 WEST 15TH STREET 9 SOUTH       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | NEW YORK, NY 10011                | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |

|   |          |
|---|----------|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, the empowered. |          |
| SIGNATURE:  | DATE     |
|    | 10/20/05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |          |