	FLEASE READ A	LL INSTRU	CHONS BEFORE C	OMPLETIN				
CORPORA	ATION A TO	Katl Secr	PARTMENT OF STATE nerine Harris retary of State of Corporations			H 2: 40 F STATE FLORIDA		
DOCUMENT # P24886					HASSEE	是[[[黑代]]] 是		
Royal	Alliance A	-ssocia	tes, Inc.					
2. Principal Office Address 733 Third Avenue 733 Third Avenue Suite, Apt. #, etc.				9	-[]	04481	389 1002018 ******8.75	
			OUT-N. Mayol	4. Date Incorpor To Do Busine	rated or Quali	ified 6/20/	1000	
City & State City & State					ss in Fiorida	W(201		
New York, New York New York, New York					93-0	987232	Applied For Not Applicable	
Zip 10017	Country U.S. A	Zip 10017	Country A	6. CERTIFICATE O	F STATUS DES	S8.75 Addit	ional Fee required tificate of Status	
7. Name and Address of Current Registered Agent								
Name	91	00 <u>00</u>	0 44818 7/18/0101	18.9 _{-1.7}				
Street	e Isla	10 (L**)	R2393,99	***1303.00				
Suite,	Suite, Apt. #, Etc.					1-0-400		
City	-Plantation	n			State Zi	9 Code 33324		
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 Jonathan R. Giddings								
Signature of Registered Agent	mot /80		Date	7/10/01				
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			
PM	ark Goldby	133 Third A	venue 1	New \	luk, NY.	10017		
SM	aria Herm	:Za 7	133 Third A	venue 1	Vew \	MK N.Y.	10017	

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 OR DIRECTOR

7/6/01 212.551.5427

New York, N.Y. 10017

Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME						
Royal Alliance Associates, Ir	ıc.					
		:				
() Profit () Nonprofit	() Amendment	() Merger				
() Foreign	() Dissolution/Withdrawal	() Mark				
() Limited Partnership	(Annual Report	() Other				
()LLC	(^h) Name Registration	() Change of RA				
	() Fictitious Name	() MCC				
() Certified Copy	() Photocopies	Lycus				
() Call When Ready	() Call If Problem	() After 4:30				
(x) Walk In	() Will Wait	(x) Pick Up				
() Mail Out						
Name	7/12/01	Order#: 4649135 77 28 28 28 28 28 28 28 28 28 28 28 28 28				
Availability	7/12/01					
Document						
Examiner	ML	Ref#:				
Updater	Y* >	PH PH PH				
Verifier						
W.P. Verifier		Amount: \$ 5				

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615