

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 715400**  
 1. Entity Name  
**ROYAL ATLANTIC ASSOCIATION INC.**



FILED  
 04 NOV 29 PM 2: 17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 465 OCEAN DRIVE  
 #300  
 MIAMI BEACH, FL 33139

Mailing Address  
 465 OCEAN DRIVE  
 ROOM 300  
 MIAMI BEACH, FL 33139

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

10222004 REIN-NP CR2E099 (6/04)

4. FEI Number  
 59-1349044

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A ESQ.  
 5201 BLUE LAGOON DRIVE  
 SUITE 100  
 MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name  
*Rosadeh Camara (Becker + Poliakoff, PA)*

Street Address (P.O. Box Number is Not Acceptable)  
*121 Alhambra Plaza,*

*10th floor*

City  
*Coral Gables*

FL Zip Code  
*33124*

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 *Rosadeh Camara for Becker + Poliakoff, P.A.* DATE *11/17/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2005, Fee will be \$297.50**

Make check payable to  
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELLMAN, SHEILA 465 OCEAN DR., #619 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLADON, STEPHANIE 345 OCEAN DRIVE #614 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANDERMEER, HANS 465 OCEAN DR., #1116 MIAMI, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHR, GREG 465 OCEAN DR, #1116 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PITTMAN, LISA 9225 NE 12TH AVENUE MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCH, LLOYD 465 OCEAN DR, #506 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200042317402 10/29/04--01062--001 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 like empowered.

SIGNATURE: *Sheila Heenan* DATE: *10/22/04* DAYTIME PHONE #: *305-672-7945*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #