PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED

02 JUN 20 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE. FLORIDA.

DOCUMENT # 723954

1. Corporation Name
ROYAL FLAGLER CONDOMINIUM CORP., INC.

REINSTATEMENT 00-02

2. Principal Office Address 6580 W Flagler Street	**3.** Mailing Office Address 6580 W Flagler Street
Suite, Apt. #, etc. #306	Suite, Apt. #, etc. #306
City & State Miami, FL 33144	City & State Miami, FL 33144
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/25/72

5. FEI Number 59-1439866 | 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
Becker & Poliakoff, P.A. c/o Rosa M. De La Camara, Esq.

Street Address (P.O. Box Number is Not Acceptable)
5201 Blue Lagoon Drive

7000070725071--5
--08/13/02--01034--005
****297.50   ****297.50

Suite, Apt. #, Etc.
100

City Miami	State FL	Zip Code 33126

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 _Rosa De La Camara for Becker + Poliakoff PA_   REGISTERED AGENT MUST SIGN   Date 6-11-02

CR2E081 (9/01)

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
PD	Ernesto Garcia	6580 W. Flagler St., #306	Miami, FL 33144
VPD	Francisco Garcia	6580 W. Flagler St., #307	Miami, FL 33144
SD	Yolanda Sanchez	6580 W. Flagler St., #309	Miami, FL 33144
		02/16/00 90049 016 $61.25	

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: _Ernesto Garcia_   6-11-02   (305) 265-7909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #