

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUN 23 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723954

1. Corporation Name
Royal Flagler Condominium Corp., Inc.

800209188038
06/21/11--01032--002 **\$65.00

2. Principal Office Address - No P.O. Box # 6580 W. Flagler Street		3. Mailing Office Address Same.	
Suite, Apt. #, etc. #306		Suite, Apt. #, etc. Same.	
City & State Miami, FL		City & State Same.	
Zip 33144	Country USA	Zip Same.	Country Same.

04-11 CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 07/25/1972	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 591439866	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Becker & Poliakoff, P.A., Rosa M. de la Camara, Esq.

Street Address (P.O. Box Number is Not Acceptable)
121 Alhambra Plaza, 10th Floor

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

REINSTATEMENT

150
6/23

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 M. de la Camara for Becker & Poliakoff, P.A. Date 6/13/11
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
PD	Ernesto Garcia	6580 W. Flagler Street, #306	Miami, FL 33144
VD	Carmen Garcia	6580 W. Flagler Street, #301	Miami, FL 33144
SD	Yolanda Sanchez	6580 W. Flagler Street, #309	Miami, FL 33144

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ernesto Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-11

Date

Daytime Phone #