

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 24 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726103

1. Corporation Name

Royal Palmetto Condominiums, Inc

2. Principal Office Address

6095 W. 19 Ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

3. Mailing Office Address

7600 W. 20 Ave

Suite, Apt. #, etc.

217

City & State

Hialeah, FL

Zip

33016

Country

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

591576976

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

Teeba Association Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

7600 W. 20 Ave Suite 217

Suite, Apt. #, Etc.

217

City

Hialeah

400024979944

11/24/03--01084--015 **236.25

State

FL

Zip Code

33016

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/14/03

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	Jon Alvarez	6095 W. 19ave # 209	Hialeah, FL 33012
SD	Coridad OFarill	6095 W. 19ave # 210	Hialeah, FL 33012
TD	Fernina Hernandez	6095 W. 19ave # 215	Hialeah, FL 33012

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03
Date

(305)
826-4606
Daytime Phone #

CRZE081 (10/02)