

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12406**

1. Corporation Name

**ROYAL MANOR ESTATES PHASE TWO HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2212 S CHICKASAW TR  
BOX 217  
ORLANDO F 32825  
US

2212 S CHICKASAW TR  
BOX 217  
ORLANDO FL 32825  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

98

4. Date Incorporated or Qualified to Do Business in Florida

12/04/1985

5. FEI Number

59-2679694

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
SD	MAY, TAMERA	2035 GAMBOSE DRDR	ORLANDO FL
SD	MCDANIEL, DIANE	8045 EXCALIBAR DRIVE	ORLANDO FL 32822
TD	SNOW, RENEE	8071 EXCALIBUR CT	ORLANDO FL
D	VITULANO, ANDY	2065 AMBERGRIS DR	ORLANDO FL 32822
D	FARD, JOE	1982 EXCALIBUR DR	ORLANDO FL
			08/11/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDANIEL, DIANE  
8045 EXCALIBUR COURT  
ORLANDO FL 32822

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Diane M. McDaniel* **REGISTERED AGENT MUST SIGN**

Date 11/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*Diane M. McDaniel* **REGISTERED AGENT MUST SIGN**

11/18/98 407-382-8779  
Date Daytime Phone #

CR2E040 (9/98)