

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 18 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000025920**

1. Corporation Name

251 ROYAL POINCIANA WAY, INC.

2. Principal Office Address

1072 North Lake Way

Suite, Apt. #, etc.

City & State

Palm Beach

Zip

FL

Country

33480

3. Mailing Office Address

c/o Borden Taylor

Suite, Apt. #, etc.

233 Peachtree St., Suite 815

City & State

Atlanta, GA

Zip

30338

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/24/97

5. FEI Number

650738128

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

LESLIE R. EVANS

000004448130-7

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

214 Brazilian Avenue

Suite, Apt. #, Etc.

Suite 200

City

Palm Beach

State

FL

Zip Code

33480

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

Leslie R. Evans
REGISTERED AGENT MUST SIGN

Date **6/14/01**

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
P	Forman, Felice	1072 North Lake Way	Palm Beach, FL 33480
ST	Forman, Sam	1072 North Lake Way	Palm Beach, FL 33480

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:

John M. Forman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2001
Date

561-

840-7208
Daytime Phone #