

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



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

02 MAY 10 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N32666

**1. Corporation Name**

ROYAL PALM FOREST HOMEOWNERS ASSOCIATION, INC.

900005598579--1  
-05/23/02--01004--008  
\*\*\*\*183.75 \*\*\*\*183.75

**2. Principal Office Address**

2295 Corporate Blvd. NW 2295 Corporate Blvd. NW

Suite, Apt. #, etc.

Suite 138

City & State

Boca Raton, FL

Zip

Country

33431

**3. Mailing Office Address**

2295 Corporate Blvd. NW

Suite, Apt. #, etc.

Suite 138

City & State

Boca Raton, FL

Zip

Country

33431

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

**5. FEI Number**

650130796

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

Haag, David

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

2295 Corporate Blvd. NW

Suite, Apt. #, Etc.

Suite 138

City

Boca Raton

State

FL

Zip Code

33431

**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

*David Haag*

Date

4/25/02

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
SD	Ward, Taylor	1620 SW 4th Ave.	Boca Raton, FL 33432
D	Garcia, Beth	1640 SW 4th Ave.	Boca Raton, FL 33432
PD	Tolbert, John	335 SW16th Street	Boca Raton, FL 33432
TD	Sumislaski, Jim	420 SW 17th Street	Boca Raton, FL 33432
D	Galeota, Kim	1685 SW 4th Ave.	Boca Raton, FL 33432

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Taylor Ward*

Date

5/1/02

Daytime Phone #

561-241-0285

CR2E081 (9/01)