

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



000024083670
10/24/03--01028--016 **150.00

DOCUMENT # 243796

1. Corporation Name

ROYAL POINCIANA TRAVEL, INC.

Principal Place of Business

340 ROYAL POINCIANA WAY
STE 324
PALM BEACH FL 33480
US

Mailing Address

340 ROYAL POINCIANA WAY
STE 324
PALM BEACH FL 33480
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1961

5. FEI Number

59-0918532

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 3	City / State / Zip 4
VD	RIERA, MIGUEL	3800 WASHINGTON ROAD APT. 902	WEST PALM BEACH FL
PD	ZMISTOWSKI, ANTHONY	8550 NASHUA DRIVE	PALM BEACH GARDENS FL
SD	ZMISTOWSKI, MARTHANN	8550 NASHUA DRIVE	PALM BEACH GARDENS FL

8. Name and Address of Current Registered Agent

ZMISTOWSKI, ANTHONY R
340 ROYAL POINCIANA WAY
STE 324
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Anthony R. Zmistowski
REGISTERED AGENT MUST SIGN

Date

10/21/03

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., 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:

Anthony R. Zmistowski
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

CR2E040 (7/03)

H & R B L O C K
PREMIUM[®]

October 21, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

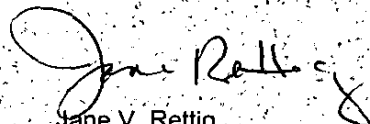
RE: Royal Poinciana Travel, Inc.
Doc #: 243796

Please abate any penalties for this corporation for filing the Annual Report late.

Enclosed is an Application for Reinstatement and a check in the amount of \$150.00

Thank you in advance for abating penalties.

Sincerely yours,



Jane V. Rettig
Tax Associate