

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 # 595825

1. Corporation Name
Royal Bay Harbor, Inc.
c/o Kaufman, Rossin & Co.
2699 So. Bayshore Drive, 5th Floor
Miami, Florida 33133 *W99000054166*

Principal Place of Business
2699 So. Bayshore Dr.
5th Floor
Miami, Florida 33133

Mailing Address
2699 So. Bayshore Dr.
5th Floor
Miami, Florida 33133

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 Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11/22/78

5. FEI Number
59-2031211

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
D/T/S	Bossart, Francis	9 Rue des Alpes Case 1023 1211 Geneve	Switzerland
D/P	Jean-Jacques Laurans	500 Place d'Armes Suite 2600	Montreal Quebec H2Y2W2
VP	Miguel G. Farra	2699 So. Bayshore Dr. 5th Floor	Miami, Florida 33133

8. Name and Address of Current Registered Agent
Loumiet, Juan P.
1221 Brickell Ave., 24th Flr.
Miami, FL 33131

9. Name and Address of New Registered Agent
Name
Miguel G. Farra
Street Address (P.O. Box Number is Not Acceptable)
2699 So. Bayshore Dr., 5th Flr.
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33133

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 *[Signature]* REGISTERED AGENT MUST SIGN Date *2/22/99*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 Date *2/22/99* (205) 858-5600 Daytime Phone #