PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE SOCRETARY OF STATE SOCRETARY OF STATE SOCRETARY OF STATE OMNSION OF CORPORATIONS D8 SEP 26 AM 9: 03 DOCUMENT # 708 463 1. Corporation Name Royal Terrace Condominium APTS Inc. 2. Principal Office Address - No PO. Box # 3. Mailing Office Address - No PO. Box # 501 E Pania Ph Blud Suite, Apt. #, etc. 1- M Suite, Apt. #, etc. 1- M Suite, Apt. #, etc. 1- M To Bab incorporated or Qualified To B business in France To B busin
1. Carporation Name Royal terrace condominion APTS Inc. 2. Principal Offico Address - No P.O. Box # 17 3 2 Mailing Office Address Suite, Apt #, etc. 1 - M 3. Mailing Office Address Suite, Apt #, etc. 1 - M 4. Date Incorporated or Qualified To Do Business in Florida The reinstatement fee is Imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Pania Beach State Zip Code The reinstatement fee is Imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Pania Beach Registered Agent Registered Agent with and accept the obligations of section 607 0505 or 617,0503, F.S. Date Registered Agent Fee required in the prior notices were not received and requesting the reinstatement fee be waived.
Suite, Apt & Fig. City & State Procuping Office Address - No P.O. Box # 3. Mailing Office Address 1501 E Dania But Blud 1500 Business in Flonds 1500
2. Principal Office Address - No P.O. Box # 17.50 Suite, Apt. #, etc. 1 - DA MAYO ST SUITE, Apt. #, etc. 1 - M Suite, Apt. #, etc. 2 - M Suite, Apt. #, etc. 3 - Mailing Office Address & D.O. Box Number for Officer and or Cushified To Do Business in Florida 5 - FEI Number
City & State Hollywood City & State Hollywood City & State Hollywood Country Broward Country Country Broward Country Broward Country Broward Country Broward Country Country Broward Country Broward Country Broward Country Country Broward Country Country Broward Country Country Broward Country Broward Country Country Broward Country Country Broward Country Country Broward Country Broward Country Country Broward Country Broward Country Country Broward Country Country Broward Country Broward Country Broward Country Broward The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Resistence of Broward City Broward Country Broward Co
Street Address (P.O. Box Number is Not Acceptable) State
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. State Zip Code FL 33 004 BLINSTATEMENT B. 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 REGISTERED AGENT MUST SIGN Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors City / State / Zip Date B- 35 - 3008 Street Address of Each Officer and/or Directors City / State / Zip Date B- 35 - 3008 Street Address of Each Officer and/or Directors City / State / Zip Date Date B- 35 - 3008 Date Date City / State / Zip Date Dat
Name MARIA A. Fonce Street Address (P.O. Box Number is Not Acceptable) Blud The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City State State State State State State State State State Address of section 607.0505 or 617.0503, F.S. Date 8 - 35 - 3008 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officers and/or Directors Titles Officers and/or Directors Total City / State / Zip Dania Bcu Bull Dania Bcu Fl, 33004 Dania Bcu Fl, 33004 Dania Bcu Fl, 33004 Dania Bcu Fl, 33004
City Dania Beach State Zip Code PEINSTATEMENT 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 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 Officers and/or Directors Officer and/or Director Officer and/or Director Pania Bch But 114 Dania Bch Fl, 33004 Dania Bch Fl, 33004 Dania Bch Fl, 33004
Signature of Registered Agent Palacio Pania Bch Pulacio Pania Bch
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip. P Juan Palacio Dania Beh Bul#14 Dania Beh H188004
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Juan Ialacio Dania Beh Fl, 33004 Dania 19ch M188004
S MARIA Penez 5018 Dania Bublil-14 Dania Bub Fl, 33004
D Mauricio Arango 1720 mayo st #205 Holly word fl, 333000
D Manuel Aranga 1722 Mayost #208 Hollywood fly 33020
D Shanon 1722 Hayost # 106 Hollywood Fl, 23020
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 filling 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 contained in Chapter 119, 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 Date Description 17, F.S. I further certify that when filling this reinstate or 617, F.S. I further certify that when filling this reinstate or 617, F.S. I further certify that when filling this reinstate or 617, F.S. I further certify that when filling this reinstate or 617, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or 617,0401, F.S. I further certify that when filling this reinstate or