

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708463

1. Corporation Name

Royal Terrace condominium APTS,  
inc.

2. Principal Office Address - No P.O. Box #

1722 Mayo St

Suite, Apt. #, etc.

City & State

Hollywood

Zip

33020

Country

Broward

3. Mailing Office Address

501 E Dania Bch Blvd

Suite, Apt. #, etc.

1-M

City & State

Dania Beach

Zip

33004

Country

Broward

7. Name and Address of Current Registered Agent

Name

MARIA A. Perez

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

501 E Dania Bch Blvd

Suite, Apt. #, Etc.

1-M

City

Dania Beach

State

FL

Zip Code

33004

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

Date 8-25-2008

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	Juan Palacio	501 E Dania Bch Blvd #114 Dania Bch Fl, 33004	Dania Bch Fl, 33004
S	MARIA Perez	501 E Dania Bch Blvd 1-M	Dania Bch Fl, 33004
D	Nauticio Arango	1722 Mayo St #208	Hollywood Fl, 33020
D	Manuel Aranga	1722 Mayo St #208	Hollywood Fl, 33020
D	Shanon	1722 Mayo St #106	Hollywood Fl, 33020

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 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:

MARIA A. Perez

8-25-08 (305) 308 6711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 SEP 26 AM 9: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/25/08--01029--012 \*\*236.25

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09/25/08--01029--013 \*\*236.25

600136330646  
09/25/08--01029--014 \*\*17.50

CR2E081 (12/07)

06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

592388190

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

REINSTATEMENT

06-08