

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JAN 19 PM 12:46
SECRETARY
TALLAHASSEE, FLORIDA

DOCUMENT # 720936

1. Corporation Name
FRENCH ROYALE VILLAS ASSOCIATION, INC.

100218963281
01/19/12--01025--003 **358.75

2. Principal Office Address - No P.O. Box #
410 FRENCH ROYALE CIR

3. Mailing Office Address
410 FRENCH ROYALE CIR

10-12 REINSTATEMENT CR2E091 (1/10)

City & State
ATLANTIS FL

Zip Country
33462 USA

City & State
ATLANTIS FL

Zip Country
33462 USA

4. Date Incorporated or Qualified To Do Business in Florida
MAY 4, 1971

5. FEI Number
59-2351414

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TRISH CALLOW

Street Address (P.O. Box Number is Not Acceptable)
410 FRENCH ROYALE CIR

Suite, Apt. #, Etc.

City State Zip Code
ATLANTIS FL 33462

REINSTATEMENT

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 **TRISH CALLOW** Date **1/13/2012**
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
PRES	FRANK AUSTINO	438 FRENCH ROYALE CIR	ATLANTIS FL 33462
V.P.	RAY HESS	441 FRENCH ROYALE CIR	" " "
TREAS	TRISH CALLOW	410 FRENCH ROYALE CIR	" " "
SEC	BOB FELLA	437 FRENCH ROYALE CIR	" " "
DIR	RICHARD SEIGER	388 VILLA DR SO.	" " "
DIR	NANCY RUGAS	387 VILLA DR SOUTH	" " "

10. E-mail Address: **TRISH400T00@BELLSouth.net**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **TRISH CALLOW** **TRISH CALLOW** 1/13/2011 (561)966-4129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #