

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2019



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 MAY 21 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # 726384

1. Corporation Name

ROYAL PALM VILLAS CONDOMINIUM ASSOCIATION, INC.

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

1821 Jefferson Ave

Suite, Apt. #, etc

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

3. Mailing Office Address

945 Pennsylvania Ave

Suite, Apt. #, etc

STE 100

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1544764

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Trident Management

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

945 Pennsylvania Ave

Suite, Apt. #, Etc.

STE 100

City

Miami Beach

State

FL

Zip Code

33139

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

4/30/19

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	Harry Delgado	1821 Jefferson Ave	Miami Beach, FL 33139
VP	Michael Kelly	1821 Jefferson Ave	Miami Beach, FL 33139
T	Claudia Segura	1821 Jefferson Ave	Miami Beach, FL 33139
D	Edward Tabone	1821 Jefferson Ave	Miami Beach, FL 33139
D	Larry Karmin	1821 Jefferson Ave	Miami Beach, FL 33139
D	Edith Varona	1821 Jefferson Ave	Miami Beach, FL 33139

10. E-mail Address: Sally@TridentMiami.com

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/19

Daytime Phone #