

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

**APPLICATION
 FOR
 REINSTATEMENT**

FILED

97 DEC -4 PM 12:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **739823**

1. Corporation Name

ROYAL PALM APARTMENTS, INC.

Principal Place of Business

281 PALM RIVER BLVD
 APT A 101
 NAPLES FL 33942

Mailing Address

281 PALM RIVER BLVD
 APT A 101
 NAPLES FL 33942



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~241 PALM RIVER BLVD~~
 Suite, Apt. #, etc.
~~APT C-102~~
 City & State
~~NAPLES, FL~~
 Zip
~~34110~~

3. New Mailing Office Address, If Applicable

~~241 PALM RIVER BLVD~~
 Suite, Apt. #, etc.
~~APT C-102~~
 City & State
~~NAPLES, FL~~
 Zip
~~34110~~

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1977

5. FEI Number

59-1789547

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	SQUIER, EUGENE	221 PALM RIVER BLVD	NAPLES, FL 00000
D	REICH, FRED	281 PALM RIVER BLVD., APT. A202	NAPLES FL
D	POETKER, WILLIAM	281 PALM RIVER BLVD., APT. A101	NAPLES FL
D	HANCUR, GERALD	201 PALM RIVER BLVD, APT E202	NAPLES FL
D	RABER, LYLE C	201 PALM RIVER BLVD	NAPLES, FL 00000

8. Name and Address of Current Registered Agent

MACON, JOHN L
 241 PALM RIVER BLVD
 APT C-102
 NAPLES FL 33942

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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

John L. Macon
 REGISTERED AGENT MUST SIGN

Date 12/2/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for Information on Intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Eugene W. Squier*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/97
 Date Daytime Phone #

CR25040 (8/97)