

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

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
--	--



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 Sulte, Apt. #, etc. APT C-102 City & State NAPLES, FL Zip 34110	3. New Mailing Office Address, If Applicable 241 PALM RIVER BLVD Sulte, 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 <input type="checkbox"/>	\$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

000002363910---1
 -12/11/97--01096--006
 ****236.25 ****236.25

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)
 Sulte, Apt. #, Etc.
 City State Zip Code
 FL

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* Date: 12/2/97
 REGISTERED AGENT MUST SIGN

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* Date: 12/2/97 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (9/97)