PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 21 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759080

1 Corporation Name
ROYALE GARDENS CONDOMINIUM ASSOCIATION INC,

Principal Place of Business / Mailing Address
8001 SOUTHGATE BLVD
NORTH LAUDERDALE FL, 33068

000002859300--2
-04/30/99--01138--006
****306.25 ****306.25

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/10/1981

5. FEI Number: 59-2206564 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	DAWN KAWESCH	7941 SOUTHGATE BLVD A4	NO. LAUD. FL. 33068
VPD	CAROL MITCHELL	7800 SW 57TH ST	NO. LAUD FL 33068
SD	KAREN TRUCIOS	7911 SOUTHGATE BLVD B7	NO. LAUD FL 33068
TD	MARY GRAY	7921 SOUTHGATE BLVD D8	NO. LAUD FL 33068
D	ROGER GRAHAM	7911 SOUTHGATE BLVD B9	NO. LAUD FL 33068

8. Name and Address of Current Registered Agent

ROSEN, ROSEN & KREILING, PA
1625 N. COMMERCE PKWY, SUITE 325
WESTON, FL 33326

9. Name and Address of New Registered Agent

Name: SCOTT M. BENDER, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 7446 ROYAL PALM BLVD
Suite, Apt. #, Etc:
City: MARGATE State: FL Zip Code: 33063

CR2E081 (12/98)

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: _____ REGISTERED AGENT MUST SIGN Date: 4-15-99

11. This corporation owes 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: Carol Mitchell CAROL MITCHELL 4/15/99 9547222289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #