PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 AM 11:57

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REINSTATEMENT 01

DOCUMENT # 759080

1. Corporation Name

ROYALE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8001 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068 US	8001 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068 US

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.	Suite N
City & State		City & State	N. Lauderdale, FL
Zip	Country	Zip	33068 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 3	City / State / Zip 4
VD	MITCHELL, CAROL	7800 S.W. 5TH STREET	N LAUDERDALE FL
SD	TRVCIOS, KAREN	7911 SOUTHGATER BLVD B-7	N LAUDERDALE FL
TD	GRAY, MARY	7921 SOUTHGATE BLVD D-8	NORTH LAUDERDALE FL
D	GRAHAM, ROGER	7911 SOUTHGATE BLVD B-9	N. LAUDERDALE FL
D	FAEGES, ROBERT	7931 SOUTHGATE BLVD E6	N. LAUDERDALE FL

8. Name and Address of Current Registered Agent

BENDER, SCOTT M ESQ.
7446 ROYAL PALM BLVD.
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name: Edward R. Berkheimer
Street Address (P.O. Box Number is Not Acceptable): 6047 Kimberly Blvd.
Suite, Apt. #, Etc.: Suite N
City: N. Lauderdale State: FL Zip Code: 33068

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date: 10-12-01
REGISTERED AGENT MUST SIGN

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., 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: SIGNATURE REQUIRED Carol Mitchell 10-12-01 954-973-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #