

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

00 NOV 13 PM 2:23

DOCUMENT # F99000005949

1. Corporation Name

ROYAL OAK SALES, INC.

Principal Place of Business

1 ROYAL OAK AVENUE
ROSWELL GA 30076

Mailing Address

1 ROYAL OAK AVENUE
ROSWELL GA 30076



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1999

5. FEI Number

58-2496832

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
DCOB	KEETER, JAMES P	1 ROYAL OAK AVENUE	ROSWELL GA 30076
DVC	KEETER, DAREN M	1 ROYAL OAK AVENUE	ROSWELL GA 30076
CEO	KEETER, DAREN M	1 ROYAL OAK AVENUE	ROSWELL GA 30076
DPCO	ALLEN, JAMES E	1 ROYAL OAK AVENUE	ROSWELL GA 30076
DEV	ELBERG, DALE A	1 ROYAL OAK AVENUE	ROSWELL GA 30076
D T	HATGAS, MARK CAREY, ROBERT G.	1 ROYAL OAK AVENUE	ROSWELL GA 30076

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, 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

Dale W. Morris

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date

11/6/00

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:

Robert G. Carey

ROBERT G. CAREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

11/3/00 (678) 461-3200
Daytime Phone #