

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G90103**

1. Corporation Name

ROYAL T LAND, INC.

Principal Place of Business

1541 SUNSET DRIVE
SUITE 301
CORAL GABLES FL 33143

Mailing Address

1541 SUNSET DRIVE
SUITE 301
CORAL GABLES FL 33143

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

01/25/1984

5. FEI Number

59-2371360

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	4 City / State / Zip
PD	MICHAELS, LAWRENCE R.	1541 SUNSET DR., #301	CORAL GABLES FL
VSD	RIEGER, RANDY	1541 SUNSET DR., #301	CORAL GABLES FL

300008759239
11/01/02--01058--027 **150.00

11/17

8. Name and Address of Current Registered Agent

~~FREEMAN, ROBERT, ESQ.
2601 SOUTH BAYSHORE DRIVE
SUITE 1423
MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name *Lawrence R. Michaels*
Street Address (P.O. Box Number is Not Acceptable) *1541 Sunset Drive*
Suite, Apt. #, Etc. *Suite 301*
City *Coral Gables* State **FL** Zip Code **33143**

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date *10/31/02*

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]* **SIGNATURE REQUIRED** *Lawrence R. Michaels* *10/31/02* *305-665-5826*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROYAL T LAND, INC.
1541 Sunset Drive • Suite 301
Coral Gables, Florida 33143

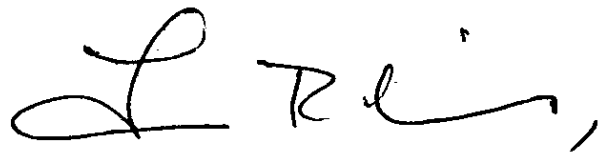
Telephone: (305) 665-5036

10/31/02

To Whom it May Concern,

Per my phone conversation
with your office today, enclosed is the
application for reinstatement, the \$150.⁰⁰
fee and this letter. To my knowledge
this is the only notice we received. Thank
you for your help.

Sincerely,

, Pres.

Lawrence R. Michaels