

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **K31944**

1. Corporation Name

**ROYAL PALM KIDDIE COLLEGE, INC.**

Principal Place of Business

604 CAMELLIA DR.  
ROYAL PALM BEACH FL 33411

Mailing Address

604 CAMELLIA DR.  
ROYAL PALM BEACH FL 33411

FILED

96 NOV 25 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

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	4. Date Incorporated or Qualified To Do Business in Florida	06/20/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Appied For
City & State	City & State	65-0075678	
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 P	SHARKEY, ALFRED	555 PURDY LANE	PALM SPRINGS FL
VP	SHARKEY, HELENA	555 PURDY LANE	PALM SPRINGS FL
VPD	SHARKEY, JOHN	2133 POLO GARDENS DR.	WELLINGTON FL
DST	SHARKEY, BRENDA	2133 POLO GARDENS DR.	WELLINGTON FL

8. Name and Address of Current Registered Agent

SHARKEY, ALFRED  
555 PURDY LANE, A-122  
PALM SPRINGS FL 33461

9. Name and Address of New Registered Agent

Name	15296
Street Address (P.O. Box Number)	11/26/96-01167-009
Suite, Apt. #, Etc.	383-75
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 807.0505, F.S.

Signature of  
Registered Agent

**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11-11-96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

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 807 or 817, 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 807.0401 or 817.0401, 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:

**Brenda Sharkey REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/11/96**

**561-793-5644**

Daytime Phone #

100-750