

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K31944**

1. Corporation Name

ROYAL PALM KIDDIE COLLEGE, INC.

FILED

96 NOV 25 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

604 CAMELLIA DR.
ROYAL PALM BEACH FL 33411

Mailing Address

604 CAMELLIA DR.
ROYAL PALM BEACH FL 33411

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

06/26/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0075878

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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 33481

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

SIGNATURE 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 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/96

561-793-5641

Date

Daytime Phone