

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000005110

1 Limited Liability Company's Name
ROYAL PALM CAPITAL LLC

2 Principal Office Address - No P.O. Box #
11164 US Highway 80

Suite, Apt. #, etc.

City & State
Fruitvale

Zip
75127

Country
USA

3 Mailing Office Address
11164 US Highway 80

Suite, Apt. #, etc.

City & State
Fruitvale

Zip
75127

Country
USA

8 Name and Address of Current Registered Agent

Name
INCorp SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
17888 67TH COURT NORTH

Apt. #, etc.

City
LOXAHATCHEE

State
FL

Zip Code
33470

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Georgia Dorsam on behalf of InCorp Services, Inc.
REGISTERED AGENT MUST SIGN

Date 01/22/2021

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Guillermo Toledo	11164 US Highway 80	Fruitvale, TX 75127
Member	Guillermo Miguel Alvarez Millares Toledo	11164 US Highway 80	Fruitvale, TX 75127
Manager	royalpalmcapital.net	11164 US Highway 80	Fruitvale, TX 75127

11 E-mail Address managedreports@incorp.com

(To be used for future annual report notifications)

12 I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Guillermo Toledo Date 02/04/2021 Daytime Phone # 786-518-5799
Typed or printed name of signing authorized representative/member Guillermo Toledo

600360973546

02/26/21--01033--018 **2488.75

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REINSTATEMENT 05-21
CRZE041 (1/14)

4 State/Country of Formation
Florida

5 Date Organized or Qualified To Do Business in Florida 04/03/2001

6 FEI Number
65-1141877

Applied For
Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status

SE 5/11/21



3773 Howard Hughes Parkway Suite 500S
Las Vegas, NV 89169-6014

Phone 702.866.2500
Toll-Free 800.2.INCORP (1-800-246-2677)
Fax 702.866.2689

www.incorp.com

February 19, 2021

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: **Document Number L01000005110**
ROYAL PALM CAPITAL LLC

To Whom It May Concern:

Please find enclosed the Reinstatement and Amendment for ROYAL PALM CAPITAL LLC .
Please notice a Certificate of Status is also requested on the Reinstatement.

Included is our check number 57950 in the amount of \$2488.75 for the charges
associated with this request.

Please return file stamped evidence of this filing to the address shown below:

InCorp Services, Inc.
Attn: Georgia Dorsam / PROCESSING DEPARTMENT
3773 Howard Hughes Parkway Suite 500S
Las Vegas, NV 89169-6014

Should you have any questions, please contact me at 702-866-2500 ext. 6912 from 8:00
am to 5:00 pm PST.

Respectfully,

INCORP SERVICES, INC.

A handwritten signature in black ink, appearing to read 'Georgia Dorsam'.

Georgia Dorsam, Processor
Lynn.dorsam@incorp.com