

# LO4000070864

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 SEP 18 PM 1:25

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LO4000070864**

1. Limited Liability Company's Name

ROYAL TREASURES LLC

D5

2. Principal Office Address - No P.O. Box #

420 South Dixie Hwy

Suite, Apt. #, etc.

2-C

City & State

Coral Gables

Zip

33146

Country

Dade

3. Mailing Office Address

420 South Dixie Hwy.

Suite, Apt. #, etc.

2-C

City & State

Coral Gables

Zip

33146

Country

Dade

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/29/04

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

Ibrahim C. Ghantous, Esquire

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

420 South Dixie Highway, Suite 2-C

Suite, Apt. #, Etc.

Suite 2-C

City

Coral Gables

State

FL

Zip Code

33146

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date 09/16/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Cangir ELCIN	500 Jimmy Ann Dr, Apt 725	Daytona Beach, FL 32114
			200160801682 09/18/09--01022--015 **293.75
			200160801682 09/18/09--01022--014 **500.00

**REINSTATEMENT**

2005-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of

Managing Member/Manager

Date 09/16/2009

Daytime Phone #

305-979-2275

Typed or printed name of signing Managing Member/Manager