

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR -8 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65527**

1. Corporation Name

**ROYAL REAL ESTATE MANAGEMENT
CORPORATION**

2. Principal Office Address

1535 PROSPERITY FARMS

Suite, Apt., #, etc.

ROAD

City & State

LAKE PARK FL

Zip

33403

Country

USA

3. Mailing Office Address

1535 PROSPERITY FARMS ROAD

Suite, Apt., #, etc.

LAKE PARK FL

City & State

Zip

33403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-12-90

5. FEI Number

65-0221433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NICHOLAS S RAICH

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

1535 PROSPERITY FARMS ROAD

Suite, Apt., #, Etc.

City

LAKE PARK FL

State

FL

Zip Code

33403

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Nicholas S Raich

REGISTERED AGENT MUST SIGN

Date **3-1-00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	NICHOLAS S RAICH	1535 PROSPERITY FARMS	LAKE PARK FL 33403
S.	ANTHONY RAICH	1535 PROSPERITY FARMS	LAKE PARK FL 33403

10. 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:

Nicholas S Raich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-01-00 561-848-8029
Daytime Phone #

CR2E081 (3/99)