

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # M36494

99 OCT 25 PM 4:34

1. Corporation Name

ROYAL INTERNATIONAL TRADING CORP.

Principal Place of Business

456 ALEXANDER PALM RD
 BOCA RATON FL 33432

Mailing Address

6830 CLOISTERS DR
 MCLEAN VA 22101
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
 10472 TAFT STREET
 City & State
 PEMBROKE PINES, FL
 Zip
 33026
 Country
 BROWARD

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
 7120 GEORGETOWN PIKE
 City & State
 MCLEAN, VA
 Zip
 22101
 Country
 FAIRFAX

4. Date Incorporated or Qualified To Do Business in Florida

08/08/1986

5. FEI Number

59-2702393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
DP	DOYAN, RICHARD	456 ALEXANDER PALM RD Same as above	BOCA RATON FL Pembroke Pines, FL

400003033294--0
 -11/02/99--0111--012
 ****150.00 ****150.00

10/11/1

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOYAN, RICHARD
 456 ALEXANDER PALM RD - Same as above
 BOCA RATON FL 33432

Name

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

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

Richard Doyan, MD

REGISTERED AGENT MUST SIGN

Date

10/19/99

11. 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:

Richard Doyan, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

Date

703-9170041

Daytime Phone #

CR2E040 (8/99)