

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04992

**FILED**  
**Apr 10, 2014**  
**Secretary of State**

**Entity Name:** ROYAL PALM PROFESSIONAL CENTER II, INC.

**Current Principal Place of Business:**

6204-C PRINCIPIA DR  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

1430 ROYAL PALM SQUARE BOULEVARD  
105  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

P. O. BOX 07206  
FORT MYERS, FL 33919 US

**New Mailing Address:**

1430 ROYAL PALM SQUARE BOULEVARD  
105  
FORT MYERS, FL 33919 US

**FEI Number:** 59-2508395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HULETTE, CAROLYN M  
6204-C PRINCIPIA DR  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

MOOREY, THOMAS E  
1430 ROYAL PALM SQUARE BOULEVARD  
105  
FORT MYERS, FL 33919 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS E. MOOREY

04/10/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: DEVOR, JANICE N  
Address: 2006 12TH STREET DR., N.W.  
City-St-Zip: HICKORY, NC 28601 US

Title: D  
Name: MOOREY, THOMAS E  
Address: 1430 ROYAL PALM SQUARE BOULEVARD, #105  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANICE N. DEVOR

P/D

04/10/2014

Electronic Signature of Signing Officer or Director

Date