2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
07 DEC 13 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

11282007 REIN-NP CR2E099 (1/07)

DOCUMENT # N06000000180

1. Entity Name
THE ROYAL ATLANTIC IN DELRAY BEACH CONDO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1177 GEORGE BUSH BLVD, SUITE 100 DELRAY BEACH, FL 33483	1177 GEORGE BUSH BLVD, SUITE 100 DELRAY BEACH, FL 33483

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12 SE 1st Avenue	2740 Monroe Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach FL	City & State: Rochester NY
Zip: 33444 Country: USA	Zip: 14618 Country: USA

4. FEI Number: 26-0753752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANDLER, HENRY B
2255 GLADES ROAD
218A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE H. B. H[illegible] 12/6/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2008, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIAMOND, JOSEPH 1177 GEORGE BUSH BLVD., SUITE 100 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Daniele, Mario 2740 Monroe Ave Rochester NY 14618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700113407297 12/26/07--01052--015 **245.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 11/26/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

xc 12/20