

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

<b>DOCUMENT # N06000005246</b> 1. Entity Name ROYAL POINT AT PALM AIRE CONDOMINIUM A ASSOCIATION, INC.					
Principal Place of Business 8151 PETERS ROAD CROSSROADS BLDG. #2 PLANTATION, FL 33324			Mailing Address 8151 PETERS ROAD CROSSROADS BLDG. #2 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # <b>3600 OAKS CLUBHOUSE DR</b>		3. Mailing Address <b>3500 GATEWAY DRIVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>SUITE 202</b>			
City & State <b>POMPADRO BEACH, FL</b>		City & State <b>POMPADRO BEACH, FL</b>			
Zip <b>33069</b>	Country <b>BROWARD</b>	Zip <b>33069</b>	Country <b>BROWARD</b>	4. FEI Number <b>20-4893939</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MARGOLIS, JEFFREY R PA % DUANE MORRIS, LLP 200 SOUTH BISCAYNE BLVD., STE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <b>MWI BROWARD INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3500 GATEWAY DRIVE</b> <b>SUITE 202</b> <b>POMPADRO BEACH FL 33069</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>11-25-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	DP SCHRAGER, MARLENE 8190 STATE ROAD 84 DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESTECY</b> <b>LORI LEE DEVERGERS</b> <b>3500 GATEWAY DR #202</b> <b>POMPADRO BEACH, FL 33069</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CUMMINGS, KENDALL 8190 STATE ROAD 84 DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HARVEY PENZNER</b> <b>3500 GATEWAY DR #202</b> <b>POMPADRO BEACH, FL 33069</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAPALE, MICHAEL 8151 PETERS ROAD PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS</b> <b>ELIO VIDAL FERNANDEZ</b> <b>3500 GATEWAY DR #202</b> <b>POMPADRO BEACH, FL 33069</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300138131563</b> <b>11/20/08--01025--002 **122.50</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>11-13-08</b> <small>Date</small>		

12/1/08