


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N20356		
1. Entity Name ROYAL COACH ESTATES, INC.		

Principal Place of Business ROYAL COACH ESTATES C/O N BARBARA HURD NORTH FORT MYERS, FL 33917 US	Mailing Address 15390 HART RD A 21 NORTH FORT MYERS, FL 33917 US
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2. Principal Place of Business - No P.O. Box # ROYAL COACH ESTATES Suite, Apt. #, etc. C/O Marcia Davis City & State N FT MYERS FL Zip 33917 Country US	3. Mailing Address 15390 HART RD Suite, Apt. #, etc. A18 City & State N FT MYERS FL Zip 33917 Country US
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FILED
07 MAR 19 PM 1:56
CLERK OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number 65-0017301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HURD, NAOMI-BARBARA 15390 HART RD A21 NORTH FORT MYERS, FL 33917	7. Name and Address of New Registered Agent Name MARCIA DAVIS Street Address (P.O. Box Number is Not Acceptable) 15390 HART RD A18 City N FT MYERS FL Zip Code 33917
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFLAME, CHRIS 15390 HART RD, C7 NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mitchell, Janice 15390 Hart Rd , NFM, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, MARCIE 15390 HART RD, B22 N FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gardner, David 15390 Hart Rd B10 NFM, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITER, BEVERLY 15390 HART RD, B17 N FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Davis, Marcia 15390 Hart Rd A18 NFM, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECKER, ROY 15390 HART RD, A24 NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carra, Mary A 15390 Hart Rd NFM, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, GLENN 15390 HART RD, B-16 NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000095735410 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HURD, BARBARA N 15390 HART RD, A21 NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/04/07--01028--006 <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: Marcia Davis - Treasurer 3/15/07 239-567-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #