PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 25 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001179

1. Corporation Name
ROYAL TOWN HOMES HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 03-04
100029333061
02/25/04--01008--011 **122.50

2. Principal Office Address	3. Mailing Office Address
9702 N.W. 23RD COURT	P.O. BOX 1942
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: HALLANDALE, FL
Zip: 33024 Country: USA	Zip: 33008-1942 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 2/22/94

5. FEI Number 65-0563848 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MERINO, MICHAEL H.

Street Address (P.O. Box Number is Not Acceptable): 6741 ORANGE DRIVE

Suite, Apt. #, Etc.:

City: DAVIE State: FL Zip Code: 33314

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 2-19-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	CABRERA, FRANCISCO	2411 N.W. 97TH TERRACE	PEMBROKE PINES, FL 33024
SECY	MERINO, PATRICIA	2388 N. W. 97TH WAY	PEMBROKE PINES, FL 33024
TREA	HAMPE, VIRGINIA	9702 N. W. 23RD COURT	PEMBROKE PINES, FL 33024

10. 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: Patricia Merino PATRICIA MERINO. SECY 2/20/04
Virginia Hampe VIRGINIA HAMPE TREAS 2/20/04 954-431-8236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #