

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 11:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N9600000017**

1. Corporation Name **ROYAL PALM ROTTWEILER CLUB, INC.**
1470 ROYAL PALM SQ. BLVD
FT. MYERS, FL 33919

Principal Place of Business Mailing Address
1470 ROYAL PALM SQUARE BLVD.
FORT MYERS, FLORIDA 33919

REINSTATEMENT

99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/31/96**

5. FEI Number **45-0586799** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	EARLE SOMMERS	132 CIRCLE DR. FORT MYERS, FL 33905	FORT MYERS, FL 33905
VP/D	KAREN SMOCK	2107 SE 12th Str	CAPE CORAL, FL 33990
S/D	LYNDA SOMMERS	132 CIRCLE DR	FORT MYERS FL 33905
T/D	BYRON SMOCK	2107 S.E. 12th Str.	CAPE CORAL FL 33990
			300003082223-0 -12/28/99-01071-013 ****236.25 ****236.25

8. Name and Address of Current Registered Agent
BYRON SMOCK
2107 S.E. 12th Str.
CAPE CORAL, FL 33990

9. Name and Address of New Registered Agent
 Name **BYRON SMOCK**
 Street Address (P.O. Box Number is Not Acceptable) **2107 SE 12th Str**
 Suite, Apt. #, Etc. **CAPE CORAL**
 City **CAPE CORAL** State **FL** Zip Code **33990**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Byron Smock** REGISTERED AGENT MUST SIGN Date **12/18/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **BYRON SMOCK** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **12/18/99** Daytime Phone # **941-939-2235**