

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N96000000017

1. Corporation Name

THE ROYAL PALM ROTTWEILER CLUB, INC.

Principal Place of Business

Mailing Address

1470 ROYAL PALM SQUARE BLVD.
FORT MYERS FL 33919

1470 ROYAL PALM SQUARE BLVD.
FORT MYERS FL 33919

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1995

5. FEI Number

65-0586799

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	SOMMERS, EARLE	132 CIRCLE DRIVE	FT. MYERS FL 33905
VP/D	SMOCK, KAREN	2107 S.E. 12TH STREET	CAPE CORAL FL 33990
S/D	SOMMERS, LYNDIA	132 CIRCLE DRIVE	FT. MYERS FL 33905
T/D	SMOCK, BYRON	2107 S.E. 12TH STREET	CAPE CORAL FL 33990
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8. Name and Address of Current Registered Agent

SMOCK, BYRON
2107 SE 12TH STREET
CAPE CORAL FL 33990

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 E. Smock
REGISTERED AGENT MUST SIGN

Date

12/31/01

11. 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:

BYRON E. Smock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/01

Date

941-939-2233

Daytime Phone #

CR2E040 (8/01)