PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMPL	LETING THIS FORM.	
APPLICATION	FLORIDA DEPARTME	NT OF STATE		
FOR	Katherine Ha	`	FILED	
REINSTATEMENT	Secretary of S bivision of correct	RATIONS	00 JAN-4 AM 8: 36	
DOCUMENT # NOIDMY	7029171			
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ROYAL PALMEST HOME OWNERS A	WIES		THE BOTTON OF THE STATE OF THE	
HOME OWNERS A	dfoc/14Tibr			
Principal Place of Business Mailing Address				
1943 NW 70 LM				
Margate & 33063			$\cap$	
		oci	ACTATEMENT OO	
If above addresses are incorrect in any way, line through the second of	3. New Mailing Office Address, If	Applicable 4. Date (	Incorporated or Qualified	<b>}</b> .
/943 ~w 70 hv Suite, Apt. #, etc.	1943 NU 70 L Suite, Apt. #, etc.	N. To Do	Business in Florida Sune 13, 1996	ļ
City & State	City & State	5. FEIN		ĺ
Margate FL	Margate FL		Not Applicable	
2ip Country 33 06 3 U.J	33063 Country 4.5.	y .	FICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status	!
7. Names and Street Addresses of Each Officer and/or			rs)	
Title(s) Name of Officers and/or Directors	Off	eet Address of Each licer and/or Director	City / State / Zip	
<u> </u>	3 (D0 NOT US	se Post Office Box Numbers)	4	
he James Lee (	D 1943 A	W 70 LN	marente A 33063	
D	(00)	1057		
See Ken Kyser (	D) 6982 ~	w /9"	Margate Pr 33063	
May Bob Lipper (	D 6984 N	w 1900	. margate P2 33063	
		<u> </u>	4000031053743 01/21/0001001017	
			******8.75 ******8.75	
			4000031053743	
		•	-01/21/0001001018 ****236,25 ****236,25	
8. Name and Address of Current Re	egistered Agent	9. Name	and Address of New Registered Agent	<u>6</u>
Iris Recd	! - ب ب ب د <del>د د د</del>	Sames	Lee	CR2E081 (12/98)
6961 NW 18er Magate A 33063		Street Address (P.O. Box Number is Not Acceptable)		
marate A 33063		Suite, Apt. #, Etc.		5
<b>3</b>		City	State Zip Code FL 33063	
10. I, being appointed he registered agent of the above	e named corporation, am familiar wit	margate th and accept the obligations of	FL 33063 Section 607.0505, F.S.	
Signature of Company Company	<b>9</b> .		11 kales	
Registered Agent REG	SISTERED AGENT MUST SIGN		Date ///SV/74	
11. This corporation owes the c			(See other side for information	
Intangible Personal Property	/ Tax due June 30.	Yes 🖸 No	on intangible tax.)	
12. I certify that I am an officer or director or the received	r or trustee empowered to execute t	this application as provided for i	in chapter 607 or 617, F.S. I further certify that when filing	
owed by the corporation have been paid and the nar	mes of individuals listed on this forn	n do not qualify for an exemptio	ments of section 607.0401 or 617.0401, F.S., that all fees on under section 119.07(3)(i), F.S. The information indicated	
on this application is true and accurate, and my signa	ature strait trave the same legal effe	oc as il made under oath.	KE	
	,			
SIGNATURE: SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR D	IRECTOR	///30/99 (954) 977-389 / Date Daytime Phone #	
( )'			• •	