

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAR -9 PM 12:39

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TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000001628**

1. Corporation Name

**ROYAL PALACE SUBDIVISION
HOMEOWNER'S ASSOCIATION, INC.**

2. Principal Office Address

1301 PALACE DR.

Suite, Apt. #, etc.

City & State

ROCKLEDGE FL

Zip

32955

Country

USA

3. Mailing Office Address

1301 PALACE DR.

Suite, Apt. #, etc.

City & State

ROCKLEDGE FL

Zip

32955

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-21-1997

5. FEI Number

N/AE

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

A. B. NASATPOUR

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

1301 PALACE DRIVE

Suite, Apt. #, Etc.

City

ROCKLEDGE

State

FL

Zip Code

32955

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

A. B. NASATPOUR

REGISTERED AGENT MUST SIGN

Date

3-6-06

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	ROBERT MARASCO	1306 PALACE DR.	ROCKLEDGE FL 32955

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAR 13 2006