

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 18 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017211

1. Corporation Name

Royal Palm Construction, Co.

2. Principal Office Address

411 La Peninsula Blvd.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34113

Country

USA

3. Mailing Office Address

411 La Peninsula Blvd.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34113

Country

USA

REINSTATEMENT 2007

4. Date Incorporated or Qualified

To Do Business in Florida 2/14/00

5. FEI Number

59-3745053

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

Jeff Donato

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

411 La Peninsula Blvd.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34113

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

REGISTERED AGENT MUST SIGN

Date 10/10/01

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
ASPD	Jeff Donato	411 La Peninsula Blvd.	Naples, FL 34113
VP/D	Heidi I. Mayerhofer	411 La Peninsula Blvd.	Naples, FL 34113

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01

941-909-1270