
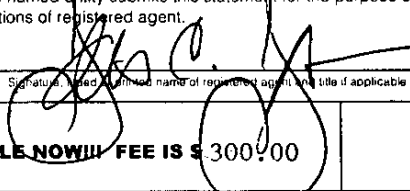
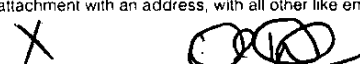


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000039379 1. Entity Name ROYAL OAKS OF SOUTH TAMPA, INC.					
Principal Place of Business 303 SOUTH TAMPANIA AVENUE #26 TAMPA, FL 33609			Mailing Address JACOB REAL ESTATE P.O. BOX 1440 ATTN: JAN MCCABE TAMPA, FL 33690		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2757 Suite, Apt. #, etc.			
City & State Zip Country		City & State Tampa, Florida Zip Country 33606 USA		4. FEI Number 59-3646072	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent STERN, ROBERT G 101 EAST KENNEDY BLVD. SUITE 2700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name James Jacob, Jacob Real Estate Services Street Address (P.O. Box Number is Not Acceptable) 115 S. Albany Avenue City Tampa FL Zip Code 33606		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, DARWIN 303 S TAMPANIA AVE #26 TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/7/06 (813) 220-5555 <small>Date Daytime Phone #</small>		

FILED

06 APR 11 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

05-06