

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800000105094

1. Corporation Name

ROYAL PALM FOOD SERVICES, INC.

03 AUG 21 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

0203

2. Principal Office Address

5970 SW 18 STREET

Suite, Apt. #, etc.

SUITE 188

City & State

BOCA RATON, FL

Zip

33433

Country

USA

3. Mailing Office Address

C/O CID 7897 NW 62 TERR,

Suite, Apt. #, etc.

City & State

PARKLAND, FL

Zip

33067

Country

USA

300022176663
08/08/03--01064--020 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2001

5. FEI Number

65-1054355

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req.
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MURRAY J. COHEN P.C.

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

10330 CAMELBACK LANE

Suite, Apt. #, Etc.

City

BOCA RATON.

State

FL

Zip Code

33498

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

7/31/03

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
PSTD	CID, FRANK X.	7897 NW 62 TERRACE	PARKLAND FL, 33067

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

7/31/03

Daytime Phone #

561-866-0012