

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

13 FEB 21 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000 107552

1. Corporation Name

Royal Swan, Inc.

2. Principal Office Address - No P.O. Box #

601 Brickell Key Dr

3. Mailing Office Address

Suite, Apt. #, etc.

702

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33131

Country

US

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11.17.2000

5. FEI Number

45-0466817

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

Gerardo A. Vazquez PA

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

601 Brickell Key Dr.

Suite, Apt. #, Etc.

702

City

Miami

State

FL

Zip Code

33131

500244882855

02/21/13--01006--006 \*\*\$00.00

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

Date

2/20/13

REGISTERED AGENT MUST SIGN

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
PSD	Jose Manuel Armenta	18101 Collins Ave # 3109 Sunny Isles Fl 33160	33160

12-13

FEB 21 2013

T. SCOTT

10. E-mail Address:

LAE.GUAYLOQUEZ.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/13

Date

Daytime Phone #