

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109988

1. Corporation Name

ROYAL FAMILY CORPORATION

Principal Place of Business

19451 AMBASSADOR COURT  
N. MIAMI BEACH FL 33179

Mailing Address

19451 AMBASSADOR COURT  
N. MIAMI BEACH FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/2000

5. FEI Number

65-1138650

APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HALFON, ISAAC	19451 AMBASSADOR COURT	N. MIAMI BEACH FL 33179

500008791925  
11/04/02 01107 016 \*\*150.00

8. Name and Address of Current Registered Agent

HALFON, ISAAC  
19451 AMBASSADOR COURT  
N. MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (802)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-20-02

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-812-3688

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-  
-  
Royal Family Corporation  
19451 Ambassador Court  
N. Miami Beach, Fl. 33179

Florida Department of State  
Division of Corporations  
Tallahassee, Fl. 32314

Dear Sir or Madam:

We did not receive the uniform business report notices. We have had many problems with delivery of our mail. The Post Office has been notified and are doing there best to correct the problem.

Please accept my reinstatement application. Enclosed is the fee of \$150.00, as discussed in our telephone conversation.

Thank you, for your help in this matter.

Sincerely,

  
Isaac Halfon