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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 21 AM 11:33

SEC... STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102366

REINSTATEMENT 02-05

1. Corporation Name

ROYAL CASTLE BUILDERS / DEVELOPERS INC.

2. Principal Office Address	3. Mailing Office Address
556 B ROAD	556 B ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LOXAHATCHEE, FL	LOXAHATCHEE, FL
Zip: 33470 Country: PALM BEACH	Zip: 33470 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 10-23-2001

5. FEI Number: ☐ 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: ELAINE M. SMILEY

Street Address (P.O. Box Number is Not Acceptable): 556 B ROAD

Suite, Apt. #, Etc.:

City: LOXAHATCHEE, FL 33470 State: FL Zip Code: 33470

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: x Elaine M Smiley (REGISTERED AGENT MUST SIGN) Date: 6-20-05

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
PRES	ELAINE M. SMILEY	556 B ROAD	LOXAHATCHEE, FL 33470
VICE PRES	SETH S. BRIER	556 B ROAD	LOXAHATCHEE, FL 33470

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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: x Elaine M Smiley (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) x 6/20/05 (Date) (954)-553-1540 (Daytime Phone #)

6-20-05

TO WHOM IT MAY CONCERN,
WE DID NOT RECEIVE OUR 2002 FORM. WE MOVED AND WOULD PLEASE ASK THAT YOU WAIVE OUR $600 SIX HUNDRED DOLLARS FEE. THANK YOU!

RESPECTFULLY SUBMITTED,

Ruth S. B

EX-PRES NOW V.P.