

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000076835 1. Entity Name ROYAL GEMSTONE, INC.					
Principal Place of Business 1115 KIMBALL DR OCOE, FL 34761				Mailing Address 1115 KIMBALL DR OCOE, FL 34761	
2. Principal Place of Business 302 Oak Track Loop Suite, Apt. #, etc.				3. Mailing Address 302 Oak Track Loop Suite, Apt. #, etc.	
City & State Ocala, FL				City & State Ocala, FL	
Zip 34472		Country USA		Zip 34472	
Country USA		4. FEI Number 13-4262616			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JORDAN, EDWARD P II, ESQ 1460 EAST HIGHWAY 50 CLERMONT, FL 34711					
7. Name and Address of New Registered Agent Name (_____) _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 </div> <div> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, BILL R PO BOX 896 OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 500061218475 11/07/05--01059--005 **150.00 </div>	
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	
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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 exemption stated in Section 119.07(3)(i), 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: <u>BW Henderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div></div> <div> 11/1/05 <small>DATE</small> </div> <div> <small>Daytime Phone #</small> </div> </div>					

Address Change
FILED
 NOV - 7 PM 4:00
 352-694-2228 ext 13
 352-274-4874 cell
 352-687-3300 home
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA