2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT											
DOCUI 1. Entity Nam ROYAL G	e	# P03000076 NE, INC.		FILE OV -7 7	ddress st: 6094 sz-274 sz-274 state planda	. 22 i	chau	413 413			
Principal Ptoc	o of Business		Mailing Address			1 / 3	25-514	I ~ ~ ~ _			
Principal Place of Business 1115 KIMBALL DR 0C0EE, FL 34761			1115 KIMBALL DR OCOEE, FL 34761		SEC FALI	RETARY D LAHASSEE	F STATE & PLORIDA	7.3 ³			
2. Principal P	Place of Busin	ness	3. Mailing Address		- 1 11444 111						
		Track Loap	302 Oak Track Loop			1 (EBIIEBITE)	rama iiki rahi ta kii raa	I EBÎN LEES EI	INT (RESIDENT AND	REEL WIELL	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10272005	REIN-P	CRSE	098 (6/04)		
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City & State Cala Fl			City & State Coala, F1			4. FEI Number 13-426			<u> </u>	phied For Applicable	
Zip 3 447 2		Country U.S.A	Zip 2 4 4 7)	Coun		5. Certificate	of Status Desired		\$8.75 Add		
6: Name and Address of Current R			Registered Agent	3 4772 USA			7. Name and Address of New Registered Agent				
Name (
JORDAN, 1460 EAS CLERMON	T HIGHWA	AY 50	Street Address (P.O. Box Number is Not Acceptable)								
					City			FI	Zip Cod	e	
	1 91				<u> </u>		 	=			
the above	e named entit tions of regist	y submits this statement to ered agent.	or the purpose of changing its	register	ed office or registe	red agent, or bol	h, in the State of Fig.	rida, 1 am	familiar with,	and accept	
,											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
DAIL DAIL											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	D		☐ Delete	TITL					☐ Change	Addition	
NAME	HENDERSON, BILL R				E	g		·9 2		İ	
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CITY-ST-ZIP	OCOEE, I	FL 34/61			117.017	00 01000		***10U , t	<i>"</i>		
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NAME STREET ADDRESS				NAM STEE	E Et aggress					İ	
CITY - ST- ZIP					-ST-ZIP						
	L certify that the	e information supplied with	h this filing does not qualify to			ection 119.07/21/	i) Florida Statutas I	hirther ser	ify that the is	oformation	
indicated	i on this repai	rt or supplemental report i	s true and accurate and that i	nv signa	ture shall have the	same legal effec	t as if made under c	nath: that I a	ım an officer.	or director	
changed,	, or on an atta	achment with an address,	owered to execute this report with all other like empowered	. as regu	red by Chapter 60	r, monda statutė	s, and that my name	appears ii	EBIOCK 10 OF	BIOCK 11 II	
01011-		14 16 .	Oa				. 1 =			1	
SIGNATURE: BU Herdeyor SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daysme Proce . Daysme Proce .											