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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000114441

1. Corporation Name

ROYAL GATE CENTER, INC.

2. Principal Office Address

13341 SW 88 AVENUE

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

3. Mailing Office Address

13341 SW 88 AVENUE

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

FILED

04 MAY 12 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800037044518
05/24/04--01073--004 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida 10/16/2003**

5. FEI Number

42-1609480

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

CARLOS DE LA CRUZ

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

13341 SW 88 AVENUE

Suite, Apt. #, Etc.

N/A

City

MIAMI

State
FL

Zip Code
33176

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

Carlos De la Cruz
REGISTERED AGENT MUST SIGN

Date

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
PTD	CARLOS DE LA CRUZ	13341 SW 88 AVENUE	MIAMI, FL 33176
VSD	FERNANDO SALSAMENDI JR	13341 SW 88 AVENUE	MIAMI, FL 33176

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:

Carlos De la Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/04

Date

305-282-9736

Daytime Phone #

CR2001 (01/04)

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Miami, May 7th, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: ROYAL GATE CENTER, INC.
Doc Number P03000114441

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2003.

Your consideration will be greatly appreciated.

Sincerely,



Carlos De La Cruz
President
13341 SW 88 Avenue
Miami, FL 33176