

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 10 AM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

DOCUMENT # P04000 000 796

1. Corporation Name ROYAL CAPITAL ALLIANCE INC.
8 BIRD OF PARADISE DR.
PALM COAST, FL.
32137

2. Principal Office Address - No P.O. Box #

8 BIRD OF PARADISE DR

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

Zip

32137

Country

FLA-LER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-04

5. FEI Number

15-0596705

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

THOMAS J. MORRELL

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

8 BIRD OF PARADISE DR

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

PER SHAWN

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/26/07

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
VP	AUGUSTUS P. FRANZ	43 CIMARRON DR	PALM COAST FL 32137
VP	T.J. MORRELL	8 BIRD OF PARADISE	PALM COAST, FL 32137

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05/31/07 - 01032--020 **450.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

386-445-991

Daytime Phone #