

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P04000072581

1. Corporation Name

ROYAL CARLE A.C.L.F.

2. Principal Office Address

5081 DUNN RD

3. Mailing Office Address

SALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE FL

City & State

Zip

34981

Country

ST. LUCIE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

11-3717999

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 RAUCHERT

700061219027  
11/07/05--01059--012 \*\*150.00

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

5081 DUNN RD

Suite, Apt. #, Etc.

FT. PIERCE

City

State

FL

Zip Code

34981

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

REGISTERED AGENT MUST SIGN

Date 11-4-05

**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
Chairman	THOMAS RAUCHERT	5081 DUNN RD	FT. PIERCE FL 34981
Chairman	PAUL RAUCHERT	5081 DUNN RD	FT. PIERCE FL 34981
	for 11/8		

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:

THOMAS RAUCHERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-05 772-464-0728

Date

Daytime Phone #

11-4-85  
TO Whom It May Concern!

I THOMAS RANNEY, owner of  
ROYAL CARE A.C.L.F.

HAVE NOT RECEIVED ANY PAPERS

ABOUT MY CORPORATION, THAT IT MUST  
BE REFILED.

PLEASE I WOULD LIKE TO WAIVER  
THE AMOUNT OF \$600.00.

ENCLOSED FIND A CHECK FOR \$150.00

THANK YOU!  
TOM RANNEY

(3 HURRICANES), AND SOIL NOT STRAIGHT.

NO MAIL BOX FOR THE SIGN & SIGN