

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 22 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04 0000 90379**

1. Corporation Name

ROYAL AMAZON CORPORATION

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

1250 97th Street

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33154

Country

DADE

3. Mailing Office Address

1250 97th Street

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33154

Country

DADE

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/2004

5. FEI Number

56-2465706

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

BEHAR, MICHAEL

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

1250 97th Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33154

☒ 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.

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 **03-08-07**

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
P	BEHAR, MICHAEL	1250 97th Street	MIAMI, FL 33154
		B 6/16/07	
		REINSTATEMENT 05-07	
		000104750280	
		06/22/07--01049--005 **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-07

Date

305 318 2598

Daytime Phone #