

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000001464

1. Corporation Name

Royal Construction Company

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

3233 SW 14th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33315

Country

U.S.

3. Mailing Office Address

207 Sycamore Rd

Suite, Apt. #, etc.

City & State

Sevema Park, MD

Zip

21146

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Benoit Murray

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

3233 SW 14th Ave

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315

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

Benoit Murray

REGISTERED AGENT MUST SIGN

Date 08/07/09

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	Benoit Murray	3233 SW 14th Ave	Fort Lauderdale, FL 33315

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

Benoit Murray

Benoit Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/09

Date

678-939-9843

Daytime Phone #

FILED

09 SEP 28 AM 3:46

STATE
RECEIVED

700159562647
09/28/09--01040--010 **150.00

700159562647
08/13/09--01035--006 **308.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 01/03/05

5. FEI Number
593793554

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

9/29/09