

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 10 7:58

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD5000083816

1. Corporation Name

Royalty Design Services, Inc.

2. Principal Office Address

4580 Donald Ross Road

Suite, Apt. #, etc.

105

City & State

P.B.G., FL

Zip  
33410

Country

USA

3. Mailing Office Address

4521 PGA Blvd

Suite, Apt. #, etc.

# 360

City & State

P.B.G., FL

Zip

33418

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/05

5. FEI Number

202974275

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

Eliyahu Azulay

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

247 Sedona Way

Suite, Apt. #, Etc.

City

P.B.G.

State

FL

Zip Code

33418

700080643817

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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

9/6/06

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
Pres.	Eliyahu Azulay	247 Sedona Way	PB6/FL/33418

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

Date

9/6/06

Daytime Phone #

561-722-7760

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