

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P060000105461

1. Corporation Name

Royalty Nursery and
Landscaping, Inc.

REINSTATEMENT 07-09

500151475285

04/21/09--01022--031 **450.00

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

4074 160th St. North

Suite, Apt. #, etc.

3. Mailing Office Address

4074 160th St. North

Suite, Apt. #, etc.

City & State

hoxahatchee, FL

Zip Country

33470 Palm Beach

City & State

hoxahatchee, FL

Zip Country

33470 Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 11, 2006

5. FEI Number

14-1895933

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

Benjamin Keith Bailey

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

4074 160th STREET NORTH

Suite, Apt. #, Etc.

City

hoxahatchee

State

FL

Zip Code

33470

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date April 17, 2009.

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	Benjamin Keith Bailey	4074 160 th St. North	hoxahatchee, FL 33470

500151475285

04/21/09--01022--031 **8.75

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BENJAMIN BAILEY April 17, 2009 561-722-0352