

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -3 PM 3:47

CLERK OF STATE
TALLAHASSEE, FLORIDA



10292008 REIN-P CR2E098 (1/07)

DOCUMENT # P07000110749

1. Entity Name
ROYAL TANZ, INC.



Principal Place of Business
37 S MAIN STREET
SUITE D
WILLISTON, FL 32696

Mailing Address
37 S MAIN STREET
SUITE D
WILLISTON, FL 32696

2. Principal Place of Business - No P.O. Box #
37 S Main Street
Suite, Apt. #, etc.
Suite D

3. Mailing Address
37 S. Main Street
Suite, Apt. #, etc.
Suite D

City & State
Williston, FL

City & State
Williston, FL

Zip
32696

Country
USA

Zip
32696

Country
USA

4. FEI Number
74-3230372

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADDISON, DEBRA C P
37 S MAIN STREET
SUITE D
WILLISTON, FL 32696

7. Name and Address of New Registered Agent
Name
← Same
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Debra C Addison (Current Registered Agent) 11-3-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADDISON, DEBRA C P 5451 NE 121 TERR WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138404894 12/03/08--01018--008 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADDISON, CARL E JR 5451 NE 121 TERR WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ADDISON, DEBRA C SEC 5451 NE 121 TERR WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ADDISON, DEBRA C TREA 5451 NE 121 TERR WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra C Addison 11-3-08 352-529-0826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/3/08