


APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080891

1. Corporation Name
ROYAL HOUSE OF SMART, INC

Principal Place of Business
Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2300 BOGGY CREEK RD
Suite, Apt. #, etc. N/A
City & State
KISSIMMEE, FL 34744
Zip 34744 Country OSCEOLA

3. New Mailing Office Address, If Applicable
2300 BOGGY CREEK RD
Suite, Apt. #, etc. N/A
City & State
KISSIMMEE, FL 34744
Zip 34744 Country OSCEOLA

4. Date Incorporated or Qualified To Do Business In Florida
11/17/93
5. FEI Number
59-320-8577
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	PHYLLIS ANN BENNETT	2300 BOGGY CREEK RD	KISSIMMEE, FL 34744

REINSTATEMENT 97-98
52-2098
400002696834--3
-11/25/98--01071-016
****900.00 ****900.00

8. Name and Address of Current Registered Agent
PHYLLIS ANN BENNETT HUNT
1411 WATER LILY LN
KISSIMMEE
FL 34744

9. Name and Address of New Registered Agent
Name PHYLLIS ANN BENNETT
Street Address (P.O. Box Number is Not Acceptable)
2300 BOGGY CREEK RD
Suite, Apt. #, Etc. N/A
City KISSIMMEE State FL Zip Code 34744

10. I, by appointing the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Phyllis Ann Bennett
REGISTERED AGENT MUST SIGN
Date 10/21/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Phyllis Ann Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/21/98 Daytime Phone # 407-344-9385