


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 PM 4:55

DOCUMENT # **P93000080811**

1. Corporation Name
ROYAL HOUSE OF STUART, INC.

Principal Place of Business Mailing Address

**2300 BOGGY CREEK RD
 KISSIMMEE FL 34744** **2300 BOGGY CREEK RD
 KISSIMMEE FL 34744**

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



REINSTATEMENT 01

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **11/17/1993**

5. FEI Number **59-3208577** Applied For Not Applicable

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	City / State / Zip
P	BENNETT, PHYLLIS ANN	2300 BOGGY CREEK RD	KISSIMMEE FL 34744
V.P.	WILLIAM STUART HUNT	2300 BOGGY CREEK RD	KISSIMMEE FL 34744
			500004679325--8 -11/15/01--01001--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**BENNETT, PHYLLIS ANN
 2300 BOGGY CREEK RD
 KISSIMMEE FL 34744**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed 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 Date 10/17/01

REGISTERED AGENT MUST SIGN

11. 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 **PHYLLIS ANN BENNETT** 10/17/01 407-344-9385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREP40 (8/01)