

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION  
FOR  
REINSTATEMENT

DOCUMENT # **P94000010561**

1. Corporation Name

**ROYAL SYSTEMS GROUP, INC.**

Principal Place of Business

**1537 CEDAR BAY RD.  
JACKSONVILLE FL 32218**

Mailing Address

**1537 CEDAR BAY RD.  
JACKSONVILLE FL 32218**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**1252 CHEROKEE RD**  
Suite, Apt. #, etc.

City & State

**LOUISVILLE KY**

Zip

Country

**40204**

4. Date Incorporated or Qualified To Do Business in Florida

**02/02/1994**

5. FEI Number

**59-3223797**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required for a Certificate of Status

APPROVED  
AND  
FILED

98 JUN 12 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-98

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>D</b>	<b>ROYAL, MADELYN A</b>	<b>1537 CEDAR BAY RD.</b>	<b>JACKSONVILLE FL 32218</b>

**600002562000-7**  
**-06/16/98-01121-003**  
**\*\*\*1200.00 \*\*\*1200.00**

*8/6/12*

8. Name and Address of Current Registered Agent

**BERG, REBECCA L  
701 FISK STREET  
SUITE 310  
JACKSONVILLE FL 32204**

9. Name and Address of New Registered Agent

Name  
**MADELYN A ROYAL**  
Street Address (P.O. Box Number is Not Acceptable)  
**1537 CEDAR BAY RD**  
Suite, Apt. #, Etc.

City  
**JACKSONVILLE**

State  
**FL**

Zip Code  
**32218**

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

*Madelyn A. Royal*  
REGISTERED AGENT MUST SIGN

Date

**5/22/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on Intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

*Madelyn A. Royal*

*4/30/98*

*502 459 0988*