

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000023511**

1. Corporation Name

**ROYAL CRESCENT DEVELOPMENT CORPORATION**

Principal Place of Business

5133 CASTELLO DRIVE  
SUITE 2  
NAPLES FL 33940

Mailing Address

5133 CASTELLO DRIVE  
SUITE 2  
NAPLES FL 33940

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

FILED

96 NOV 20 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 9/6

4. Date Incorporated or Qualified  
To Do Business In Florida

**03/28/1984**

5. FEI Number

**65-0476195**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s)	2	Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers)	Street Address of Each Officer and/or Director	4	City / State / Zip
PSO		MURRAY, BRIAN S		5133 CASTELLO DRIVE		NAPLES FL 33940
VTD		MURRAY, KATHLEEN S		5133 CASTELLO DRIVE		NAPLES FL 33940
					600002011996--6	-11/22/96-01015-022
						383.75 383.75

8. Name and Address of Current Registered Agent

BRUGGER, JOHN N  
600 FIFTH AVE S  
STE 210  
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name *David Bourgray*  
Street Address (P.O. Box Number is Not Acceptable)  
*600 FIFTH AVE*  
Suite, Apt. #, Etc. *572 210*  
City *Naples, FL*

State **FL** Zip Code **33940**

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

*DAVID BOURGRAY*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

*9/19/96*

(See other side for information  
on intangible tax.)

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

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: *Brian Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/19/96 941-643-7220*

Date

Daytime Phone #