PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P94000059656**

1. Corporation Name

ROYAL INTERNATIONAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 560216~~	P.O. BOX 560216
MIAMI FL ~~33256-0216~~	MIAMI FL 33256-0216
US	US

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

2. New Principal Office Address, If Applicable
9945 S.W. 64 Street
Suite, Apt. #, etc.
MIAMI, FL
City & State
Zip 33173 Country U.S.A.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
P.O. Box 833263
City & State
MIAMI, FL
Zip 33283 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida **08/12/1994**

5. FEI Number **65-0513785** 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) 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
D T SC	KONIG, ULRICH E	~~7851 S.W. 169TH STREET~~ 9945 S.W. 64 Street	MIAMI FL 33173
DP	KONIG, CLARIBEL TORO de	~~7851 S.W. 169TH STREET~~ 9945 S.W. 64 Street	MIAMI FL 33173

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****900.00 ****900.00

REINSTATEMENT 97 1/8 1/8 PM

8. Name and Address of Current Registered Agent

KONIG, ULRICH
~~11810 SW 108 TERRACE~~ 9945 S.W. 64 Street
MIAMI FL ~~33186~~ 33173

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State FL | Zip Code

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: Ulrich König.
REGISTERED AGENT MUST SIGN

Date: Jan. 5, 1998

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: Ulrich König.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan. 5, 1998

Daytime Phone #: (305) 412-9543

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