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 |
| D P | KONIG, CLARIBEL TORO de | ~~7851 S.W. 169TH STREET~~ 9945 S.W. 64 Street | MIAMI FL 33173 |
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**REINSTATEMENT** 97 JAN 8 PM 1:18

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 Konig. Date Jan. 5, 1998

REGISTERED AGENT MUST SIGN

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 Konig. Jan. 5, 1998 (305)412-9548

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

CR2E046 (8/97)