

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 11 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000081202

**1. Corporation Name**

Royal Orchid, Inc.

**2. Principal Office Address**

11275 Emerald Parkway

**3. Mailing Office Address**

P.O. Box 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL 32541

City & State

Mary Esther, FL 32569

Zip 32541

Country  
USA

Zip 32569

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/01/94

**5. FEI Number**

59-3283569

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Vongsunoramate, Anchana

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

11275 Emerald Parkway

Suite, Apt. #, Etc.

City

Destin,

State  
FL

Zip Code  
32541

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Vongsunoramate, Anchana	11275 Emerald Parkway	Destin, FL 32541

**10. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)