

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99 MAR 24 AM 10:57

SECRETARY H99000012387 9  
PALLANASSI, FLORIDA

DOCUMENT # P97000025920  
1. Corporation Name  
251 ROYAL POINCIANA WAY, INC.

Principal Place of Business Mailing Address  
251 ROYAL POINCIANA WAY  
PALM BEACH, FL 33480

REINSTATEMENT 98-99

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  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/24/97

5. FFI Number 65-0738128 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  3875 Additional Fees 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FELICE FORMAN	251 ROYAL POINCIANA WAY	PALM BEACH, FL 33480
VP	ALAN J. CIKLIN	251 ROYAL POINCIANA WAY	PALM BEACH, FL 33480
S/T	SAM FORMAN	251 ROYAL POINCIANA WAY	PALM BEACH, FL 33480

8. Name and Address of Current Registered Agent  
ALAN J. CIKLIN, ESQ.  
5151N. FLAGLER DRIVE, 17th Floor  
WEST PALM BEACH, FL 33401

9. Name and Address of Now Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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: *[Signature]* Date: 5/24/99  
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)(l), 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]* H99000012387 9  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALAN J. CIKLIN, ESQ. AS VICE PRESIDENT  
Date: 5/24/99 Daytime Phone #: 561-832-5900

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