PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/26/03--01081--017 **1050.00

DOCUMENT # P97000098259

1. Corporation Name
ROYAL OAKS APARTMENTS INC

2. Principal Office Address	3. Mailing Office Address
4300 N. UNIVERSITY DRIVE	4300 N UNIVERSITY DRIVE
Suite, Apt. #, etc.: SUITE F200	Suite, Apt. #, etc.: F200
City & State: LAUDERHILL FL	City & State: LAUDERHILL FL
Zip: 33351 Country: BROWARD	Zip: 33351 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 12/1/97

5. FEI Number: 650791776 ☐ 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: NORMAN T. ROBERTS PA
Street Address (P.O. Box Number is Not Acceptable): 50 WEST MANTA DRIVE
Suite, Apt. #, Etc.: SUITE #A
City: KEY BISCAYNE State: FL Zip Code: 33149

REINSTATEMENT 0-08 TS

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: [signature] Date: 10/8/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
PRES	ILANA MORROW	21150 POINT PLACE APT 2204	AVENTURA FL 33180

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] 9/22/03 954 7882975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #