

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harrier
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000027029

1. Corporation Name

ROYAL COURTYARD, INC. Royal Courtyard, Inc

Principal Place of Business

Mailing Address

481 17TH AVENUE SOUTH
NAPLES FL

PO BOX 3142
NAPLES FL 34106

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

2. New Principal Office Address, if Applicable

898 5th AVE South

Suite, Apt. #, etc.

Naples Florida

City & State

Zip
34102

Country
USA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

898 5th AVE South

City & State

Naples Florida

Zip
34102

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1998

5. FEI Number

59-3510181

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 3	City / State / Zip 4
PD	SCHACHE, HANS-JUERGEN	481 17TH AVENUE SOUTH 898 5th Ave S	NAPLES FL 34102
VSD	SCHACHE, SUSANNE	481 17TH AVENUE SOUTH 898 5th Ave S	NAPLES FL 34102
TD	SCHACHE, SUSANNE	481 17TH AVENUE SOUTH 898 5th Ave S	NAPLES FL 34102
			200004703282--4
			-12/04/01--01010--015
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCHACHE, SUSANNE
481 17TH AVE SOUTH
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name
Schache, Hans-Juergen
Street Address (P.O. Box Number is Not Acceptable)
2304 Harrier Run
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
34106

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-15-01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01 941-571 8818

Daytime Phone #