

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR -6 AM 8:26

DOCUMENT # **P98000093009**

1. Corporation Name

Royal Poinciana Building, Inc.

2. Principal Office Address - No P.O. Box #

1024 Raven Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1024 Raven Ave

Suite, Apt. #, etc.

City & State

miami Springs, FL

Zip
33166

Country

USA

City & State

miami Springs, FL

Zip

33166

Country

USA

REINSTATEMENT 09-12

000227710590

04/06/12--01036--004 **1200.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1998

5. FEI Number

65-0880835

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

William J. Wolar

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

1024 Raven Avenue

Suite, Apt. #, Etc.

City

miami Springs

State

FL

Zip Code

33166

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

William J. Wolar

Date

3/25/12

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
P/D	William J. Wolar	1024 Raven Avenue	Miami Springs, FL 33166
V/S/D	Suzanne Conlon Wolar	1024 Raven Avenue	miami Springs, FL 33166
			APR -19 2012
			T. CAULEY

10. E-mail Address: ~~XXXXXXXXXX@XXXXXX.COM~~

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in an application to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Suzanne Wolar

Suzanne Wolar

03/25/12

305 888-8876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #