


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P99000028224

1. Corporation Name

R & J ROYAL PALM SENIOR RESIDENCE, INC.

Principal Place of Business

Mailing Address

800 CORPORATE DRIVE SUITE 420
FORT LAUDERDALE FL 33334

800 CORPORATE DRIVE SUITE 420
FORT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

5121 NE. 19th AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5121 NE. 19th AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1999

5. FEI Number

65-0907179

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	POPA RAKILA	5121 NE. 19th AVENUE FT. LAUDERDALE, FL 33308	FT. LAUDERDALE, FL 33308
V.P.S.	POPA JON	521 NE. 19th AVENUE FT. LAUDERDALE, FL 33308	FT. LAUDERDALE, FL 33308

900003496419--8
-12/12/00--01019--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NADEL, HOWARD B
800 CORPORATE DRIVE SUITE 420
FORT LAUDERDALE FL 33334

Name

JON POPA

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

5121 NE. 19th AVENUE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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

Jon Popa

REGISTERED AGENT MUST SIGN

Date

10-20-00

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.

KE

SIGNATURE:

Rakila Popa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAKILA POPA

Date

10-20-00 954-4914041

Daytime Phone #