

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 27 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099430

1. Corporation Name

ROYAL AMERICAN COMMUNITIES, INCORPORATED

Principal Place of Business

Mailing Address

1680 N. DELAWARE AVE., STE. 106
AVON PARK FL 33825

1680 N. DELAWARE AVE., STE. 106
AVON PARK FL 33825

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or To Do Business in Florida

11/12/1999

5. FEI Number

59-3617288

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 |
|---------------|--|---|--------------------------|
| D | HANDLEY, L.H. "JACK" | 1680 N. DELAWARE AVE., STE. 106 | AVON PARK FL 33825 |
| D | MCCLELLAN, JOHN | 1680 N. DELAWARE AVE., STE. 106 | AVON PARK FL 33825 |
| D | SIMONS, DR. CLIFFORD B. | 1241 ROSWELL DRIVE | PT. CHARLOTTE, FL. 33948 |
| 0 | MANAKER, BARTON | 2151 CHERRY PALM ROAD | BOCA RATON, FL. 33432 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

HOPPE, JOHN D
100 E. MAIN STREET
LAKE LAND FL 33801

delete

9. Name and Address of New Registered Agent

Name
DR. CLIFFORD B. SIMONS
Street Address (P.O. Box Number is Not Acceptable)
1241 ROSWELL DRIVE
Suite, Apt. #, Etc.
City
PT. CHARLOTTE, FL. 33948

State
FL
Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

3-23-2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/2001

CR2E040 (8/00)