## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S81109

Entity Name: ROYAL PALM CENTRE II. INC.

FILED Sep 19, 2005 Secretary of State

Littly Nan	IIE. ROTALFA	ALIVI CEIVI A	KE II, IINO.					
Current Principal Place of Business:					New Principal Place of Business:			
200	TREET NORTI SBURG, FL 33							
Current Mailing Address:					New Mailing Address:			
SUITE 202	NTRAL AVENUE 202 PETERSBURG, FL 33701 US				146 2ND STREET NORTH 200 SAINT PETERSBURG, FL 33701 US			
FEI Number:	59-3084389	FEI Number	Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate	of Status Desired ( )
Name and	stered Agent:	Name and Address of New Registered Agent:						
146 2ND S 200	, CHRISTOPH TREET NORTI SBURG, FL 33	Ⅎ						
The above in the State		ubmits this s	statement for the pu	urpose of	changing it	s registere	d office or reg	istered agent, or both,
SIGNATUR	RE: CHRISTO	PHER YOU	MANS					
Electronic Signature of Registered Agent					Date			
	e with s. 607.193		e corporation did not ontribution ( ).	receive th	e prior notice	э.		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () HOUGH, WILLIA 100 2ND AVE S. ST. PETERSBUR	STE 800			Title: Name: Address: City-St-Zip:		() Change ()	Addition
Title: Name: Address: City-St-Zip:	PTAS () YOUMANS, CHR 475 CENTRAL A SAINT PETERSE	VENUE, SUITE			Title: Name: Address: City-St-Zip:		(X) Change() CHRIS, FREET NORTH S ERSBURG, FL 3	UITE 200
Title: Name: Address: City-St-Zip:	S () FEINBERG, HEL 100 2ND AVE S. ST. PETERSBUR	STE 800			Title: Name: Address: City-St-Zip:		() Change ()	Addition
Title:	VP ()	Delete			Title:		() Change ()	Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER YOUMANS MR. 09/19/2005

100 2ND AVE S. STE 800

ST. PETERSBURG, FL

Address:

City-St-Zip: