

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1997

DO NOT WRITE IN THIS SPACE

FILED

97 MAR -3 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries.
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # V28478

ROYAL CARE, CORP.
4150 NW 7th. STREET #202
MIAMI, FLORIDA 33126

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principal Office Address is different from mailing address, enter

Address

City and State

Zip Code

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida
04/10/1992

5. FEI Number

65-0324759

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	MARTINEZ, ELOINA	58 BENTLEY DRIVE	MIAMI SPRINGS, FL 33166

4800002105234-1
-03/05/97--01094--006
***915.00 ***915.00

OB 3-3-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

MARTINEZ, ELOINA
58 BENTLEY DRIVE
MIAMI SPRINGS, FL 33166

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

FL.

Zip

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 February 28th., 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

13. 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. 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 of
Officer or Director

[Signature]

Date Feb. 28th., 1997

Daytime Phone # (305) 885-3140

Typed or printed name of signing officer or director