PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

01-02 UBR

FILED
02 JAN 24 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **715737**

1. Corporation Name

PALM BEACH REPEATER ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 16392	P.O. BOX 16392
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL.	City & State: WEST PALM BEACH, FL.
Zip: 33416-6392 Country: USA	Zip: 33416-6392 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/1968

5. FEI Number: 23-7015142 ☐ 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: KENNETH H. SUMMERELL

500004883245--0
-02/06/02--01053--005
**$22.50 ****12.50

Street Address (P.O. Box Number is Not Acceptable): 5136 EL CLARO CIR

Suite, Apt. #, Etc.

City: WEST PALM BEACH State: FL Zip Code: 33415-2768

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: Kenneth H. Summerell Date: 1/20/02
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
PD	KENNETH H. SUMMERELL	5136 ELCLARO CIR	W. PALM BEACH FL 33415
VD	NANCY VERESS	391 MONZART RD	W. PALM BEACH FL 33415
STD	WALTER PEACE	221 HENTHORNE DR	PALM SPRINGS FL 33461

10. 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: Kenneth H. Summerell Kenneth H. Summerell 1/20/02 (561) 640-9447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #