

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 733403**

1. Entity Name  
**PALM BEACH DAY SCHOOL ACADEMY, INC.**  
(per attached Amended/Restated Articles of Incorporation)



Principal Place of Business  
241 SEAVIEW AVE.  
PALM BEACH, FL 33480

Mailing Address  
241 SEAVIEW AVE.  
PALM BEACH, FL 33480

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

FILED  
06 NOV 14 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10102006 - REIN-NP CR2E099 (11/05)

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC.  
777 S. FLAGLER DR.  
SUITE 500E  
WEST PALM BEACH, FL 33401

4. FEI Number  
59-0873834

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **GY CORPORATE SERVICES, INC.**

SIGNATURE *by: [Signature] v.p.* 11-7-06

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2007, Fee will be \$120.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MATTHEWS, WILLIAM M.<br>1925 N. FLAGLER DR.<br>WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>MUNDER, LEE<br>1029 NORTH OCEAN BLVD.<br>PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>KEMBLE, WILLIAM T<br>206 CARIBBEAN WAY<br>PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>LEONE, PAUL<br>POST OFFICE BOX 228<br>PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>METZGER, ANNE<br>277 ESPLANADE WAY<br>PALM BEACH, FL <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>AINSLIE, MICHAEL<br>415 SEASPRAY AVENUE<br>PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HANLEY, DANIEL A<br>417 SEABREEZE AVE<br>PALM BEACH, FL <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>MONELL, AMBROSE<br>215 ROYAL PALM WAY, STE 205<br>PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>[Signature]</i> <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 200081031192<br>10/19/06--01043--023 **245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* LEE MUNDER, PRESIDENT 10/11/06 561-655-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #